

| Technology appraisal (TA)  Titles are hyperlinks to full guidance  | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE   |   |   | Adhere                                  | ence of local fo               | ormulary to NICE  |
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| 2025-26  |                       |   |   |   |   |                                |   |
| Trastuzumab deruxtecan for treating hormone receptor-positive HER2-low metastatic breast cancer after 2 or more endocrine treatments (terminated appraisal) (TA1112) | 19/11/2025            | Trastuzumab deruxtecan— NOT RECOMMENDED for treating hormone receptor-positive HER2-low metastatic breast cancer in adults after 2 or more endocrine treatments. This is because Daiichi Sankyo UK has confirmed that it does not intend to make an evidence submission for the appraisal. Daiichi Sankyo UK considers that the technology is unlikely to be a cost-effective use of NHS resources at this time.  |   | X   | TBC                                     | ТВС                            | Shared for information with Breast team (19/11/25). N/A MFT, not recommended by NICE. MMG to review Dec-25 meeting.                                       |
| Nintedanib for treating fibrosing interstitial lung disease in people 6 to 17 years (terminated appraisal) (TA1111)  | 19/11/2025            | Nintedanib – NOT RECOMMENDED for treating fibrosing interstitial lung disease in people 6 to 17 years. This is because Boehringer Ingelheim did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal. The company considers that there is insufficient new evidence to provide a submission for this appraisal at this time.  |   | х   | TBC                                     | ТВС                            | Shared for information with ILD team (19/11/25). N/A MFT, not recommended by NICE. MMG to review Dec-25 meeting.  |
| Abiraterone (originator and generics) for treating newly diagnosed high-risk hormone sensitive metastatic prostate cancer (TA1110)                                   | 19/11/2025            | 1.1 Abiraterone plus androgen deprivation therapy (ADT), with prednisolone or prednisone can be used, within its marketing authorisation, as an option to treat newly diagnosed high-risk hormone sensitive metastatic prostate cancer in adults.   |   | х   | ТВС                                     | ТВС                            | Shared for information with Adult Urology team (12/11/25). N/A MFT, eligible patients are referred to Christie hospital. MMC to review at Dec-25 meeting. |
| Darolutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer (TA1109)  | 12/11/2025            | Darolutamide with androgen deprivation therapy (ADT)— can be used as an option to treat hormone-sensitive metastatic prostate cancer in adults, only if:  docetaxel is not suitable  the company provides darolutamide according to the commercial arrangement.   |   | х   | TBC                                     | ТВС                            | Shared for information with Adult Urology team (12/11/25). N/A MFT, eligible patients are referred to Christie hospital. MMC to review at Dec-25 meeting. |
| Cemiplimab with platinum-based chemotherapy for untreated advanced non-small-cell lung cancer (TA1108)   | 05/11/2025            | Cemiplimab with platinum-based chemotherapy— NOT RECOMMENDED should not be used for untreated non-small-cell lung cancer (NSCLC) in adults when the cancer:  • is locally advanced and not suitable for definitive chemoradiation, or metastatic  • has PD L1 in 1% or more of the tumour cells, and  • has no EGFR, ALK or ROS 1 aberrations.  |   | х   | 13/11/2025                              | 8                              | Shared for information with Pulmonary oncology teams (05/11/25). N/A MFT, not recommended by NICE. Noted at MMG Nov-25 meeting.                           |
| <b>Delgocitinib</b> for treating moderate to severe chronic hand eczema ( <b>TA1107</b> )  | 05/11/2025            | Delgocitinib can be used, within its marketing authorisation, as an option to treat moderate to severe chronic hand eczema in adults when topical corticosteroids have not worked or are not suitable.  Delgocitinib can only be used if the company provides it according to the commercial arrangement.   | х   |   | TBC                                     | TBC                            | Shared for information with Adult Dermatology team (05/11/25). Fast-track submitted. For review at Dec-25 meeting.  |
| Cabotegravir for preventing HIV-1 in adults and young people (TA1106)  | 05/11/2025            | Cabotegravir – recommended as an option for pre-exposure prophylaxis (PrEP) alongside safer sex practices to reduce the risk of sexually acquired HIV-1 infection in adults and young people at high risk of getting HIV and who weigh at least 35 kg, only if:  • they cannot have oral PrEP  • cabotegravir is purchased at the Medicines and Procurement Supply Chain framework price.  Cabotegravir – NOT RECOMMENDED for PrEP alongside safer sex practices to reduce the risk of sexually acquired HIV-1 infection in adults and young people at high risk of getting HIV and who weigh at least 35 kg, if they can have oral PrEP. | х   |   | 13/11/2025                              | 8                              | Shared for information with Adult and Paediatric Infectious Diseases / HIV teams (05/11/25). Fast-track submitted. MMG approved at Nov-25 meeting.        |
| Clascoterone for treating acne vulgaris in people 12 years and over (terminated appraisal) (TA1105)  | 22/10/2025            | Clascoterone— NOT RECOMMENDED as a topical treatment for acne vulgaris in people 12 years and over. This is because Glenmark Pharmaceuticals has confirmed that it does not intend to make an evidence submission for the appraisal. Glenmark Pharmaceuticals' view, which it has corroborated in consultation with healthcare professionals and other relevant decision makers, is that an appraisal will not add value.   |   | х   | 05/11/2025                              | 14                             | Shared for information with Paediatric Dermatology team (22/10/25). N/A MFT, not recommended by NICE. PMMG deemed N/A at Nov-25 meeting.                  |

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| Sarilumab for treating polyarticular or oligoarticular juvenile idiopathic arthritis in people 2 to 17 years (terminated appraisal) (TA1104)           | 22/10/2025            | Sarilumab – NOT RECOMMENDED for treating polyarticular or oligoarticular juvenile idiopathic arthritis in people 2 to 17 years. This is because Sanofi has confirmed that it does not intend to make a submission for the appraisal. Sanofi considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources in this population.  |                                    | х                                  | 05/11/2025                              | 14                             | Shared for information with Paediatric Rheumatology team (22/10/25). N/A MFT, not recommended by NICE. PMMG deemed N/A at Nov-25 meeting.                                     |
| <b>Lorlatinib</b> for ALK-positive advanced non-small-<br>cell lung cancer that has not been treated with<br>an ALK inhibitor ( <b>TA1103</b> )        | 21/10/2025            | <b>Lorlatinib</b> — can be used as an option for ALK-positive advanced non-small-cell lung cancer in adults who have not had an ALK inhibitor. Lorlatinib can only be used if the company provides it according to the commercial arrangement.   | х                                  |                                    | 13/11/2025                              | 23                             | Shared for information with Pulmonary Oncology team (21/10/25). Fast-track submitted (14/10/25). MMG approved at Nov-25 meeting.  |
| Iptacopan for treating complement 3 glomerulopathy (terminated appraisal) (TA1102)   | 29/10/2025            | Iptacopan – NOT RECOMMENDED for treating complement 3 glomerulopathy in adults. This is because Novartis has withdrawn from the appraisal.   |                                    | х                                  | 13/11/2025                              | 15                             | Shared for information with Adult Renal team (29/10/25). N/A MFT, not recommended by NICE. MMG deemed N/A at Nov-25 meeting.  |
| <b>Garadacimab</b> for preventing recurrent attacks of hereditary angioedema in people 12 years and over ( <b>TA1101</b> )                             | 08/10/2025            | Garadacimab – can be used as an option to prevent recurrent attacks of hereditary angioedema in people 12 years and over, only if:  ■ they have 2 or more attacks a month, and  ■ the company provides garadacimab according to the commercial arrangement.  | х                                  |                                    | 09/10/2025                              | 1                              | Shared for information with Immunology team (08/10/25). Fast-track submitted (18/09/25). MMG approved at Oct-25 meeting.  |
| Mirabegron for treating neurogenic detrusor overactivity in people 3 to 17 years (terminated appraisal) (TA1100)                                       | 01/10/2025            | Mirabegron – NOT RECOMMENDED for treating neurogenic detrusor overactivity in people aged 3 to 17 years. This is because Astellas Pharma has confirmed that it does not intend to make a submission for the appraisal. Astellas Pharma considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources in this population.   |                                    | х                                  | 09/10/2025                              | 8                              | Shared for information with Paediatric Urology team (01/10/25). N/A MFT, not recommended by NICE. MMG deemed N/A at Oct-25 meeting.   |
| <b>Durvalumab</b> for treating limited-stage small-cell lung cancer after platinum-based chemoradiotherapy ( <b>TA1099</b> )                           | 01/10/2025            | <b>Durvalumab</b> can be used, within its marketing authorisation, as an option to treat limited-stage small-cell lung cancer that has not progressed after platinum-based chemoradiotherapy in adults. Durvalumab can only be used if the company provides it according to the commercial arrangement.  |                                    | х                                  | 09/10/2025                              | 8                              | Shared for information with Pulmonary Oncology team (01/10/25). N/A MFT, eligible patients are referred to Christie hospital for treatment. MMG deemed N/A at Oct-25 meeting. |
| <b>Isatuximab</b> in combination for untreated multiple myeloma when a stem cell transplant is unsuitable ( <b>TA1098</b> )                            | 24/09/2025            | Isatuximab plus bortezomib, lenalidomide and dexamethasone— can be used, within its marketing authorisation, as an option for untreated multiple myeloma in adults when an autologous stem cell transplant is unsuitable. It can only be used if the company provides it according to the commercial arrangement.  | х                                  |                                    | 09/10/2025                              | 15                             | Shared for information with Haematology team (24/09/25). Fast-track submitted (04/09/25). MMG to approved at Oct-25 meeting.  |
| Enfortumab vedotin with pembrolizumab for untreated unresectable or metastatic urothelial cancer when platinum-based chemotherapy is suitable (TA1097) | 11/09/2025            | Enfortumab vedotin with pembrolizumab— can be used, within its marketing authorisation, as an option for untreated unresectable or metastatic urothelial cancer in adults when platinum-based chemotherapy is suitable.  Enfortumab vedotin with pembrolizumab— can only be used if the companies provide them according to their commercial arrangements.   |                                    | х                                  | 09/10/2025                              | 28                             | Shared for information with Urology team (11/09/25). Eligible patients are referred to Christie hospital. MMG deemed N/A at Oct-25 meeting.                                   |
| <b>Benralizumab</b> for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis ( <b>TA1096</b> )                               | 03/09/2025            | Benralizumab – as an add-on to standard care can be used, within its marketing authorisation, as an option to treat relapsing or refractory eosinophilic granulomatosis with polyangiitis (EGPA) in adults. It can only be used if the company provides it according to the commercial arrangement.  | х                                  |                                    | 11/09/2025                              | 8                              | Shared for information with Rheumatology team (03/09/25). Fast-track submitted (04/09/25). MMG approved at Sep-25 meeting.  |
| <b>Guselkumab</b> for previously treated moderately to severely active Crohn's disease ( <b>TA1095</b> )   | 28/08/2025            | Guselkumab – can be used as an option for previously treated moderately to severely active Crohn's disease in adults, when:  ■ conventional or biological treatment:  ○ has not worked (that is, the condition has not responded well enough or lost response to treatment), or  ○ cannot be tolerated, and  ■ a tumour necrosis factor (TNF)-alpha inhibitor has not worked, cannot be tolerated or is not suitable.  Guselkumab – can only be used if the company provides it according to the commercial arrangement. | х                                  |                                    | 17/09/2025                              | 20                             | Shared for information with Gastroenterology team (28/08/25). Fast-track submitted, approved Chair action (17/09/25). Noted at MMG meeting in Oct-25.                         |

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| <b>Guselkumab</b> for treating moderately to severely active ulcerative colitis ( <b>TA1094</b> )  | 28/08/2025            | Guselkumab – can be used as an option for treating moderately to severely active ulcerative colitis in adults when:  ■ a conventional treatment, biological treatment or Janus kinase (JAK) inhibitor:  ○ has not worked (that is, the condition has not responded well enough or lost response to treatment), or  ○ cannot be tolerated, and  ■ a tumour necrosis factor (TNF)-alpha inhibitor has not worked, cannot be tolerated or is not suitable.  Guselkumab – can only be used if the company provides it according to the commercial arrangement. | х                                  |                                    | 17/09/2025                              | 20                       | Shared for information with Gastroenterology team (28/08/25). Fast-track submitted, approved Chair action (17/09/25). Noted at MMG meeting in Oct-25.                 |
| Idebenone for treating visual impairment in<br>Leber's hereditary optic neuropathy in people<br>12 years and over (TA1093)                                       | 28/08/2025            | Idebenone – recommended, within its marketing authorisation, as an option for treating visual impairment in Leber's hereditary optic neuropathy (LHON) in people 12 years and over.  Idebenone – recommended only if the company provides it according to the commercial arrangement.  | х                                  |                                    | 13/11/2025                              | 77                       | Shared for information with Neuro-ophthalmology team (11/09/25). MMG approved previously (May-16). Updated fast-track submitted. MMG approved at Nov-25 meeting       |
| Pembrolizumab with carboplatin and paclitaxel for untreated primary advanced or recurrent endometrial cancer (TA1092)  | 27/08/2025            | Pembrolizumab with carboplatin and paclitaxel— can be used, within its marketing authorisation, as an option for untreated primary advanced or recurrent endometrial cancer in adults. It can only be used if the company provides it according to the commercial arrangement.   |                                    | х                                  | 11/09/2025                              | 15                       | Shared for information with Gynaecology team (27/08/25). Eligible patients are referred to Christie hospital. MMG deemed N/A Sep-25.                                  |
| <b>Tarlatamab</b> for extensive-stage small-cell lung cancer after 2 or more treatments ( <b>TA1091</b> )  | 20/08/2025            | Tarlatamab – NOT RECOMMENDED for treatment of extensive-stage small-cell lung cancer in adults whose cancer has progressed after 2 or more lines of treatment, including platinum-based chemotherapy.  |                                    | х                                  | 11/09/2025                              | 22                       | Shared for information with Pulmonary Oncology team (20/08/25). N/A MFT, not recommended by NICE. Noted at Sep-25 meeting.  |
| Durvalumab with tremelimumab for untreated advanced or unresectable hepatocellular carcinoma (TA1090)  | 19/08/2025            | Durvalumab with tremelimumab— can be used, within its marketing authorisation, as an option for untreated advanced or unresectable hepatocellular carcinoma (HCC) in adults. Durvalumab with tremelimumab can only be used if the company provides it according to the commercial arrangement.   |                                    | х                                  | 11/09/2025                              | 23                       | Shared for information with Hepatology team (19/08/25). Eligible patients are referred to Christie hospital. MMC deemed N/A Sep-25.                                   |
| Sacituzumab govitecan for treating hormone receptor-positive HER2-negative metastatic breast cancer after 2 or more treatments (terminated appraisal) (TA1089)   | 13/08/2025            | Sacituzumab govitecan – NOT RECOMMENDED for treating hormone receptor-positive HER2-negative metastatic breast cancer after 2 or more treatments in adults. This is because Gilead has confirmed that it does not intend to make an evidence submission for the appraisal. Gilead considers that the technology is unlikely to be a cost-effective use of NHS resources.   |                                    | х                                  | 11/09/2025                              | 29                       | Shared for information with Surgery / Breast teams (13/08/25). N/A MFT, not recommended by NICE. Noted at Sep-25 meeting.   |
| Ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over (TA1088)   | 13/08/2025            | Ruxolitinib (cream) – NOT RECOMMENDED, within its marketing authorisation, for treating non-<br>segmental vitiligo with facial involvement in people 12 years and over.  |                                    | х                                  | 11/09/2025                              | 29                       | Shared for information with Adult & Paediatric Dermatology teams (13/08/25). N/A MFT, not recommended by NICE. Noted at Sep-25 meetings.                              |
| <b>Betula verrucosa</b> for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen ( <b>TA1087</b> )                              | 06/08/2025            | Betula verrucosa – can be used as an option to treat moderate to severe allergic rhinitis or conjunctivitis caused by pollen from the birch homologous group of trees in adults with:  ■ symptoms despite using symptom-relieving medicines  ■ a positive sensitisation test (skin prick test or specific immunoglobulin E) to a member of the birch homologous group.   | х                                  |                                    | 11/09/2025                              | 36                       | Shared for information with Adult Allergy team (06/08/25). MMG approved Dec-21. Confirmation received that no impact. Noted at MMG Sep-25 meeting                     |
| Ribociclib with an aromatase inhibitor for adjuvant treatment of hormone receptor-positive HER2-negative early breast cancer at high risk of recurrence (TA1086) | 06/08/2025            | Ribociclib with an aromatase inhibitor— can be used, within its marketing authorisation, as an option for the adjuvant treatment of hormone receptor-positive, HER2-negative, early breast cancer at high risk of recurrence in adults. Combine the aromatase inhibitor with a luteinising hormone-releasing hormone agonist, unless after menopause.  Ribociclib— is recommended only if the company provides it according to the commercial arrangement.   |                                    | х                                  | 14/08/2025                              | 8                        | Shared for information with Surgery / Breast teams (06/08/25). Eligible patients are referred to Christie hospital. MMC deemed N/A Aug-25.                            |
| Vanzacaftor-tezacaftor-deutivacaftor for<br>treating cystic fibrosis with 1 or more F508del<br>mutations in the CFTR gene in people 6 years<br>and over (TA1085) | 30/07/2025            | Vanzacaftor-deutivacaftor (Vnz-Tez-Diva)— can be used as an option to treat cystic fibrosis in people 6 years and over who have at least 1 F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene. Vnz-Tez-Diva can only be used if the company provides it according to the commercial arrangement.  | х                                  |                                    | 14/08/2025                              | 15                       | Shared for information with Adult & Paediatric respiratory / CF teams (30/07/25). Fast-track submitted (15/07/25). MMG / PMMG approved at Aug-25 meetings (14/08/25). |

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| Idecabtagene vicleucel for treating relapsed or refractory multiple myeloma after 2 to 4 treatments (terminated appraisal) (TA1084)  | 23/07/2025            | Idecabtagene vicleucel – NOT RECOMMENDED for treating relapsed or refractory multiple myeloma after 2 to 4 treatments in adults. This is because Bristol-Myers Squibb has confirmed that it does not intend to make an evidence submission for the appraisal. Bristol-Myers Squibb considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources in this population.   |   | x   | 14/08/2025                              | 22                             | Shared for information with Haematology & ATMP teams (23/07/25). N/A MFT, not recommended by NICE. Noted at Aug-25 meeting.                     |
| Lisocabtagene maraleucel for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma after 1 systemic treatment when a stem cell transplant is unsuitable (terminated appraisal) (TA1083) | 23/07/2025            | Lisocabtagene maraleucel— NOT RECOMMENDED for treating relapsed or refractory large B-cell lymphomas after first-line chemotherapy in adults when a stem cell transplant is unsuitable. This is because Bristol-Myers Squibb has confirmed that it does not intend to make an evidence submission for the appraisal. Bristol-Myers Squibb considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources in this population.  |   | х   | 14/08/2025                              | 22                             | Shared for information with Haematology & ATMP teams (23/07/25). N/A MFT, not recommended by NICE. Noted at Aug-25 meeting.                     |
| Letermovir for preventing cytomegalovirus infection after a kidney transplant (terminated appraisal) (TA1082)  | 23/07/2025            | Letermovir – NOT RECOMMENDED for preventing cytomegalovirus infection after a kidney transplant in adults. This is because Merck Sharp & Dohme has confirmed that it does not intend to make an evidence submission for the appraisal. The company considers that there is unlikely to be enough cost-effectiveness evidence to support a decision.  |   | х   | 14/08/2025                              | 22                             | Shared for information with Renal team (23/07/25). N/A MFT, not recommended by NICE. Noted at Aug-25 meeting.                                   |
| Zanubrutinib for treating relapsed or refractory mantle cell lymphoma (TA1081)   | 10/07/2025            | Zanubrutinib can be used as an option to treat relapsed or refractory mantle cell lymphoma in adults who have had 1 line of treatment only. Zanubrutinib can only be used if the company provides it according to the commercial arrangement.  | х   |   | 10/07/2025                              | 0                              | Shared for information with Adult Haematology team (10/07/25). Fast-track submitted, approved at MMG (10/07/25).                                |
| Mirikizumab for treating moderately to severely active Crohn's disease (TA1080)  | 10/07/2025            | Mirikizumab can be used as an option to treat moderately to severely active Crohn's disease in adults, only if:  ■ the disease has not responded well enough or stopped responding to a previous biological treatment, or  ■ a previous biological treatment was not tolerated, or  ■ tumour necrosis factor (TNF)-alpha inhibitors are not suitable.  Mirikizumab can only be used if the company provides it according to the commercial arrangement.  | х   |   | 14/08/2025                              | 35                             | Shared for information with Adult Gastroenterology team (10/07/25). Fast-track submitted (11/07/25). MMG approved at Aug-25 meeting (14/08/25). |
| Fruquintinib for previously treated metastatic colorectal cancer (TA1079)  | 23/07/2025            | Fruquintinib can be used as an option at third line or later to treat metastatic colorectal cancer in adults when previous treatment has included:  • fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, with or without anti-vascular endothelial growth factor (VEGF) treatment, and  • anti-epidermal growth factor receptor (EGFR) treatment if the cancer is RAS wild-type, unless this was not suitable.  Fruquintinib can only be used if:  • trifluridine-tipiracil with bevacizumab is not suitable                          |   | х   | 14/08/2025                              | 22                             | Shared for information with Gastroenterology team (23/07/25). Eligible patients are referred to Christie hospital. MMC deemed N/A Aug-25.       |
| Fosdenopterin for treating molybdenum cofactor deficiency type A (TA1078)  | 25/06/2025            | <ul> <li>the company provides it according to the commercial arrangement.</li> <li>Fosdenopterin – NOT RECOMMENDED for treating molybdenum cofactor deficiency type A in people of all ages. This is because Sentynl Therapeutics has withdrawn from the appraisal. The company's decision reflects the challenge of reaching an economically sustainable route to reimbursement.</li> </ul>   |   | х   | 10/07/2025                              | 15                             | Shared for information with Paediatric Metabolic team (25/06/25). N/A MFT, not recommended by NICE. Noted at PMMG / MMG Jul-25 meetings.        |
| Nemolizumab for treating moderate to severe atopic dermatitis in people 12 years and over (TA1077)   | 02/07/2025            | Nemolizumab with topical corticosteroids or calcineurin inhibitors, or both — can be used as an option to treat moderate to severe atopic dermatitis. It can be used in people 12 years and over with a body weight of 30kg or more when systemic treatment is suitable, only if:  • the atopic dermatitis has not responded to at least 1 systemic immunosuppressant, or these treatments are not suitable, and  • a biological medicine would otherwise be offered, and  • the company provides nemolizumab according to the commercial arrangement. | х   |   | 06/08/2025                              | 35                             | Shared for information with Adult & Paediatric Dermatology teams (06/08/25). Fast-track approved at PMMG Aug-25 meeting.                        |
| Adagrasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer (terminated appraisal) (TA1076)   | 02/07/2025            | Adagrasib – NOT RECOMMENDED for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer in adults.  After the first committee meeting, the technology appraisal committee's preferred assumptions included using overall survival data from the KYRSTAL-12 trial in the economic model. Because this data is immature, Bristol Myers Squibb will consider restarting this evaluation when the final overall survival analysis can be included in the economic model.  |   | х   | 10/07/2025                              | 8                              | Shared for information with Pulmonary Oncology team (02/07/25). N/A MFT, not recommended by NICE. Noted at Jul-25 meeting.                      |

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| Dapagliflozin for treating chronic kidney disease (updates & replaces TA775) (TA1075)  | 02/07/2025            | Dapagliflozin – can be used as an option to treat chronic kidney disease (CKD) in adults, if:  ■ it is an add-on to optimised standard care including the highest tolerated licensed dose of angiotensin-converting enzyme (ACE) inhibitors or angiotensin 2 receptor antagonists, unless these are contraindicated, and  ■ people have an estimated glomerular filtration rate (eGFR) of:  ○ 20 ml/min/1.73m² to less than 45 ml/min/1.73m² or  ○ 45 ml/min/1.73m² to 90 ml/min/1.73m², and either:  ■ a urine albumin-to-creatinine ratio of 22.6 mg/mmol or more, or  ■ type 2 diabetes.  | х                                  |                                    | 10/07/2025                              | 8                              | Shared for information with Adult Renal team (02/07/25). Fast-track submitted (09/07/25), approved with Chair's action (10/07/25).  |
| Sparsentan for treating primary IgA nephropathy (TA1074)   | 25/06/2025            | Sparsentan – can be used as option to treat primary immunoglobulin A nephropathy (IgAN) in adults with a:  ■ urine protein excretion of 1.0 g/day or more, or  ■ urine protein-to-creatinine ratio (UPCR) of 0.75 g/g or more.  It can only be used if the company provides it according to the commercial arrangement.  | х                                  |                                    | 14/08/2025                              | 50                             | Shared for information with Adult Renal team (25/06/25). Fast-track approved at MMG Aug-25 meeting (14/08/25).  |
| Marstacimab for treating severe haemophilia<br>A or B in people 12 years and over without anti-<br>factor antibodies (TA1073)          | 24/06/2025            | Marstacimab— recommended, within its marketing authorisation, as an option for preventing bleeding episodes caused by severe (factor IX [9] activity less than 1%) haemophilia B (congenital factor 9 deficiency) in people 12 years and over who:  • weigh at least 35 kg and • do not have factor 9 inhibitors (anti-factor antibodies).  Marstacimab is only recommended if the company provides it according to the commercial arrangement (see section 2.4).  | х                                  |                                    | 10/07/2025                              | 16                             | Shared for information with Adult & Paediatric Haematology teams (24/06/25). Fast-track approved at PMMG (02/07/25) & MMG (10/07/25).   |
|  |                       | Marstacimab – NOT RECOMMENDED within its marketing authorisation, for preventing bleeding episodes caused by severe (factor VIII [8] activity less than 1%) haemophilia A (congenital factor 8 deficiency) in people 12 years and over who weigh at least 35 kg and do not have factor 8 inhibitors.   |                                    |                                    |   |                                |   |
| Tislelizumab for treating advanced non-small-<br>cell lung cancer after platinum-based<br>chemotherapy (terminated appraisal) (TA1072) | 19/06/2025            | Tislelizumab (Tevimbra) — NOT RECOMMENDED for treating advanced non-small-cell lung cancer after platinum-based chemotherapy in adults. BeiGene has confirmed that it does not intend to make a submission for the appraisal because the technology will not be launched in the UK for treating in this indication.  |                                    | х                                  | 10/07/2025                              | 21                             | Shared for information with Pulmonary Oncology team (19/06/25). N/A MFT, not recommended by NICE. Noted at Jul-25 meeting.  |
| Atezolizumab for adjuvant treatment of resected non-small-cell lung cancer (updates & replaces TA823) (TA1071)                         | 19/06/2025            | Atezolizumab – can be used, within its marketing authorisation, as an option for the adjuvant treatment of non-small-cell lung cancer (NSCLC) after complete resection and platinum-based chemotherapy in adults when:  • there is a high risk of recurrence • 50% or more of tumour cells express PD L1 • the cancer is not epidermal growth factor receptor (EGFR) mutant or anaplastic lymphoma kinase (ALK) positive.  Atezolizumab can only be used if the company provides it according to the commercial arrangement.   | х                                  |                                    | 10/07/2025                              | 21                             | Shared for information with Pulmonary Oncology team (19/05/25). TA823 approved at MMG meeting in Dec-22. CDF switch to routine commissioning, no implications. MMC approved at Jul-25 meeting |
| <b>Spesolimab</b> for treating generalised pustular psoriasis flares ( <b>TA1070</b> )   | 18/06/2025            | Spesolimab – recommended as an option for treating generalised pustular psoriasis (GPP) flares in adults, only if it is used to treat:  ■ initial moderate to severe flares when:  ○ the Generalized Pustular Psoriasis Physician Global Assessment (GPPGA) total score is 3 or more (at least moderate), and  ○ there are fresh pustules (new appearance or worsening of existing pustules), and  ○ the GPPGA pustulation subscore is at least 2 (at least mild), and  ○ at least 5% of the body's surface area is covered with erythema (abnormal redness of the skin or mucous membranes) and has pustules  ■ subsequent flares with a GPPGA pustulation subscore of 2 or more (at least mild), if the last flare was treated with spesolimab and resolved to a GPPGA pustulation subscore of 0 or 1 (clear or almost clear skin).  Spesolimab can only be used if the company provides it according to the commercial arrangement. |                                    | х                                  | 10/07/2025                              | 22                             | Shared for information with Dermatology team (18/06/25). New patients are referred to SRFT. MMC deemed N/A Jul-25.  |
| Efgartigimod for treating antibody-positive generalised myasthenia gravis (TA1069)   | 04/06/2025            | Efgartigimod – NOT RECOMMENDED, within its marketing authorisation, as an add-on to standard treatment for generalised myasthenia gravis in adults who test positive for anti-acetylcholine receptor antibodies.   |                                    | х                                  | 10/07/2025                              | 36                             | Shared for information with Adult and Paediatric Neurology teams (04/05/25). N/A MFT, not recommended by NICE. Noted at Jul-25 meeting.   |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance   | Date of TA<br>Release |  |   |   | Adhere                                  | ence of local fo               | ormulary to NICE   |
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| Tislelizumab for treating unresectable advanced oesophageal squamous cell cancer after platinum-based chemotherapy (terminated appraisal) (TA1068)  | 29/05/2025            | Tislelizumab (Tevimbra) – NOT RECOMMENDED for treating unresectable advanced oesophageal squamous cell cancer after platinum-based chemotherapy in adults. This is because BeiGene withdrew its evidence submission.   |   | x   | 12/06/2025                              | 14                             | Shared for information with Gastroenterology team (29/05/25). N/A MFT, not recommended by NICE. Noted at Jun-25 meeting.                                   |
| <b>Linzagolix</b> for treating symptoms of endometriosis ( <b>TA1067</b> )  | 04/06/2025            | Linzagolix with hormonal add-back therapy— can be used within its marketing authorisation as an option to treat symptoms of endometriosis in adults of reproductive age who have had medical or surgical treatment for their endometriosis.  | х   |   | 14/08/2025                              | 71                             | Shared for information with Gynaecology team (09/06/25). Fast-track approved at MMG meeting in Aug-25 (14/08/25).  |
| Somapacitan for treating growth hormone deficiency in people 3 to 17 years (TA1066)   | 03/06/2025            | Somapacitan – can be used, within its marketing authorisation, as an option to treat growth failure caused by growth hormone deficiency in people 3 to 17 years. Somapacitan can be used if the company provides it at the same price or lower than that agreed with the Medicines Procurement and Supply Chain, where applicable.   | Х   |   | 02/07/2025                              | 29                             | Shared for information with Paediatric Endocrinology team (09/06/25). Fast-track submitted. For review at PMMG meeting in Jul-25.                          |
| <b>Nivolumab</b> plus ipilimumab for untreated unresectable or metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency ( <b>TA1065</b> )                                  | 28/05/2025            | Nivolumab plus ipilimumab – can be used, within its marketing authorisation, as an option for untreated unresectable or metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency in adults.  Nivolumab plus ipilimumab can be used only if the company provides it according to the commercial arrangements.  |   | х   | 12/06/2025                              | 15                             | Shared for information with Gastroenterology team (28/05/25). N/A MFT, patients referred to Christie Hospital. MMG deemed N/A, noted at Jun-25 meeting.    |
| Dostarlimab with platinum-based chemotherapy for treating primary advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency (updates & replaces TA963) (TA1064) | 22/05/2025            | Dostarlimab with platinum-based chemotherapy— can be used as an option to treat primary advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency in adults when systemic therapy is suitable.  Dostarlimab can only be used if the company provides it according to the commercial arrangement.   |   | х   | 12/06/2025                              | 21                             | Shared for information with Gynaecology team (22/05/25). N/A MFT, patients referred to Christie Hospital. MMG deemed N/A, noted at Jun-25 meeting.         |
| Capivasertib with fulvestrant for treating hormone receptor-positive HER2-negative advanced breast cancer after endocrine treatment (TA1063)  | 15/05/2025            | Capivasertib plus fulvestrant — recommended as an option for treating hormone receptor (HR) positive HER2 negative (defined as immunohistochemistry [IHC]0 or IHC1 positive, or IHC2 positive and in situ hybridisation [ISH]1 negative) locally advanced or metastatic breast cancer in adults that has:  • 1 or more PIK3CA, AKT1 or PTEN gene alterations  • recurred or progressed after a cyclin-dependent kinase (CDK) 4 and 6 inhibitor plus an aromatase inhibitor.  Capivasertib plus fulvestrant is only recommended if the company provides it according to the commercial arrangement. |   | x   | 12/06/2025                              | 28                             | Shared for information with Surgery and Breast teams (15/05/25). N/A MFT, patients referred to Christie Hospital. MMG deemed N/A, noted at Jun-25 meeting. |
| Erdafitinib for treating unresectable or metastatic urothelial cancer with FGFR3 alterations after a PD-1 or PD-L1 inhibitor (TA1062)   | 12/05/2025            | Erdafitinib — recommended, within its marketing authorisation, as an option for treating unresectable or metastatic urothelial cancer with susceptible FGFR3 genetic alterations in adults after at least 1 line of treatment for unresectable or metastatic cancer that included a PD 1 or PD L1 inhibitor. Erdafitinib is only recommended if the company provides it according to the commercial arrangement.   |   | x   | 12/06/2025                              | 31                             | Shared for information with Urology teams (12/05/25). N/A MFT, patients referred to Christie Hospital. MMG deemed N/A, noted at Jun-25 meeting.            |
| Omaveloxolone for treating Friedreich's ataxia in people 16 years and over (terminated appraisal) (TA1061)  | 06/05/2025            | Omaveloxolone — NOT RECOMMENDED for treating Friedreich's ataxia in people 16 years and over. This is because Biogen withdrew its evidence submission. NICE will review this decision if Biogen decides to make a new submission.  |   | х   | 12/06/2025                              | 37                             | Shared for information with Adult and Paediatric Neurology teams (06/05/25). N/A MFT, not recommended by NICE. Noted at Jun-25 meeting.                    |
| Osimertinib with pemetrexed and platinum-<br>based chemotherapy for untreated EGFR<br>mutation-positive advanced non-small-cell<br>lung cancer (TA1060)   | 08/05/2025            | Osimertinib with pemetrexed and platinum-based chemotherapy — recommended, within its marketing authorisation, as an option for untreated advanced non-small-cell lung cancer (NSCLC) in adults whose tumours have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations. Osimertinib with pemetrexed and platinum-based chemotherapy is only recommended if the company provides it according to the commercial arrangement.  | x   |   | 12/06/2025                              | 35                             | Shared for information with Pulmonary Oncology team (08/05/25). Fast-track submitted. MMG approved at Jun-25 meeting.                                      |
| Brentuximab vedotin in combination for untreated stage 3 or 4 CD30-positive Hodgkin lymphoma (TA1059)   | 07/05/2025            | Brentuximab vedotin plus doxorubicin, dacarbazine and vinblastine — recommended, within its marketing authorisation, as an option for untreated stage 3 or 4 CD30 positive Hodgkin lymphoma in adults. It can only be used if the company provides it according to the commercial arrangement.   | Х   |   | 08/05/2025                              | 1                              | Shared for information with Adult Haematology teams (07/05/25). Fast-track submitted. Approved at MMG (08/05/25).  |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance   | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE  |   |   | Adhere                                  | ence of local fo                   | ormulary to NICE  |
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|   |                       | , and the second | <b>Yes</b><br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(davs)     | Notes (e.g. rationale, method of making available)  |
| Leniolisib for treating activated phosphoinositide 3-kinase delta syndrome in people 12 years and over (HST33)  | 23/04/2025            | Leniolisib – recommended, within its marketing authorisation, for treating activated phosphoinositide 3 kinase delta syndrome (APDS) in people 12 years and over. Leniolisib is recommended only if the company provides it according to the commercial arrangement.   |   | х   | 12/06/2025                              | 50                                 | Shared for information with Adult & Paediatric Immunology teams (23/04/25). No patients currently, not required on formulary. MMG deemed N/A at MMG Jun-25 meeting. |
| Tislelizumab in combination for untreated advanced non-small-cell lung cancer (terminated appraisal) (TA1058)   | 23/04/2025            | <b>Tislelizumab</b> in combination— <b>NOT RECOMMENDED</b> for untreated advanced non-small-cell lung cancer in adults. This is because BeiGene did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology will not be launched in the UK for this indication.  |   | х   | 08/05/2025                              | 15                                 | Shared for information with Pulmonary Oncology team (23/04/25). N/A MFT, not recommended by NICE. MMG deemed N/A (08/05/25).  |
| Relugolix—estradiol—norethisterone for treating symptoms of endometriosis (TA1057)  | 16/04/2025            | Relugolix-estradiol-norethisterone (relugolix combination therapy [CT]) – recommended as an option for treating symptoms of endometriosis in adults of reproductive age who have had medical or surgical treatment for endometriosis.  | х   |   | 12/06/2025                              | 57                                 | Shared for information with Gynaecology team (16/04/25). Fast-track submitted. Approved at MMG Jun-25 meeting.  |
| Molnupiravir for treating COVID-19 (TA1056)   | 16/04/2025            | Molnupiravir – recommended as an option for treating mild to moderate COVID 19 in adults who have a positive SARS COV 2 test, only if:  • they have 1 or more risk factors for progression to severe COVID 19 (as defined in section 5 of NICE's technology appraisal guidance on nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19) and  • both nirmatrelvir plus ritonavir and sotrovimab are contraindicated or unsuitable.   | х   |   | 12/06/2025                              | 57                                 | Shared for information with Antimicrobial team (16/04/25). Fast-track submitted. Approved at MMG Jun-25 meeting.  |
| Rucaparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy (TA1055) | 16/04/2025            | Rucaparib – recommended as an option for the maintenance treatment of advanced (International Federation of Gynecology and Obstetrics [FIGO] stages 3 and 4) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer after complete or partial response to first-line platinum-based chemotherapy in adults, only if:  • it is BRCA mutation-negative and homologous recombination deficiency (HRD)-positive, or  • it is BRCA mutation-negative, and HRD status is negative or unknown, and bevacizumab is not a treatment option because:  • NHS England's BEV3 and BEV10 commissioning approval criteria for having it are not met, or  • it is contraindicated or not tolerated, and  • the company provides rucaparib according to the commercial arrangement.   |   | x   | 08/05/2025                              | 22                                 | Shared for information with Gynaecology team (16/04/25). N/A MFT, patients are treated at the Christie Hospital. Noted at MMG (08/05/25).                           |
| Ruxolitinib for treating acute graft versus host disease that responds inadequately to corticosteroids in people 12 years and over (TA1054)                     | 15/04/2025            | Ruxolitinib – recommended, within its marketing authorisation, as an option for treating acute graft versus host disease (GvHD) that has an inadequate response to corticosteroids in people 12 years and over. Ruxolitinib is only recommended if the company provides it according to the commercial arrangement.  | х   |   | 07/05/2025                              | 22                                 | Shared for information with Adult and Paediatric Haematology teams (15/04/25). Fast-track submitted (28/03/25). Approved at PMMG (07/05/25) and MMG (08/05/25).     |
| Cladribine for treating active relapsing forms of multiple sclerosis (TA1053)   | 15/04/2025            | Cladribine – recommended as an option for treating active relapsing forms of multiple sclerosis in adults, only:  • if they have active relapsing – remitting multiple sclerosis, and  • when high-efficacy disease-modifying therapies would be offered.  |   | х   | 08/05/2025                              | 23                                 | Shared for information with Neurology team (15/04/25). N/A MFT, patients are treated at MS centre at NCA. Noted at MMG (08/05/25).                                  |
| Pegylated liposomal irinotecan in combination for untreated metastatic pancreatic cancer (terminated appraisal) (TA1052)  | 02/04/2025            | Pegylated liposomal irinotecan plus oxaliplatin, 5-fluorouracil and leucovorin — NOT RECOMMENDED for untreated metastatic pancreatic cancer in adults. This is because Servier has confirmed that it does not intend to make an evidence submission for the appraisal. Servier considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources for this population.  |   | х   | 08/05/2025                              | 36                                 | Shared for information with Gastroenterology / HPB teams (02/04/25). N/A MFT, not recommended by NICE. MMG deemed N/A (08/05/25).                                   |
| Efanesoctocog alfa for treating and preventing bleeding episodes in haemophilia A in people 2 years and over (TA1051)   | 02/04/2025            | Efanesoctocog alfa — recommended as an option for treating and preventing bleeding episodes in people 2 years and over with haemophilia A (congenital factor VIII deficiency), only if:  • they have a factor VIII activity level of less than 1% (severe haemophilia A)  • the company provides it according to the commercial arrangement.   | х   |   | 02/04/2025                              | 0                                  | Shared for information with Paediatric HaemOnc team (02/04/25). Fast-track submitted (13/03/25). Approved at PMMG (02/04/25).                                       |
| Olipudase alfa for treating acid<br>sphingomyelinase deficiency (Niemann-Pick<br>disease) type AB and type B (HST32)  | 02/04/2025            | Olipudase alfa — not recommended, within its marketing authorisation, for treating acid sphingomyelinase deficiency (ASMD; Niemann–Pick disease) in people with type AB or type B.   |   | х   | 07/05/2025                              | 35                                 | Shared for information with Paediatric Metabolic team (02/04/25). N/A MFT, not recommended by NICE. Noted at PMMG (07/05/25).                                       |
|   |                       | TOTAL  | 26  | 38  |   |                                    | ·   |
|   |                       |  | % "Yes"                                   | % "N/A"                                   | -                                       | Average<br>implement<br>time(days) |   |

| Technology appraisal (TA)              | Date of TA | Availability of medicine for NHS patients with this medical condition, as | Adherence of local formulary to NICE                                      |              |            |           |  |  |  |
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|  |            |   | Yes N/A Date of local Time to Notes (e.g. rationale, method of making ava |              |            |           |  |  |  |
|  |            |   | (mark 'x' if  | (mark 'x' if | decision   | implement |  |  |  |
|  |            |   | applicable)   | applicable)  | (DD/MM/YY) | (davs)    |  |  |  |
| Adherence statistics for 2025-26       |            |   | 41%   | 59%          |            | 24        |  |  |  |



| Technology appraisal (TA)  Titles are hyperlinks to full guidance  | Date of TA<br>Release |  | Adherence of local formulary to NICE |                                    |   |                                |  |  |  |
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|  | Nereuse               |  | Yes<br>(mark 'x' if<br>applicable)   | N/A<br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |  |  |
| 2024-25  |                       |  |                                      |                                    |   |                                |  |  |  |
| Fenfluramine for treating seizures associated with Lennox–Gastaut syndrome in people 2 years and over (TA1050)   | 23, 33, 232           | Fenfluramine — recommended as an option for treating seizures associated with Lennox–Gastaut syndrome (LGS), as an add-on to other antiseizure medicines, for people 2 years and over. It is recommended only if:  • the frequency of drop seizures is checked every 6 months, and fenfluramine is stopped if the frequency is not reduced by at least 30% compared with the 6 months before starting treatment  • the company provides it according to the commercial arrangement.  | х                                    |                                    | 02/04/2025                              |                                | Shared for information with Paediatric Neurology team (26/03/25). Fast-track submitted. Approved at PMMG meeting (02/04/25).       |  |  |
| Blinatumomab with chemotherapy for consolidation treatment of Philadelphia-chromosome-negative CD19-positive minimal residual disease-negative B-cell precursor acute lymphoblastic leukaemia (TA1049) | 24,00,2020            | Blinatumomab with chemotherapy – can be used as an option to treat Philadelphia-chromosomenegative CD19-positive B-cell precursor acute lymphoblastic leukaemia (ALL) in adults, if:  • the leukaemia is minimal residual disease-negative • it is used at the start of consolidation treatment • the company provides it according to the commercial arrangement.   | х                                    |                                    | 08/05/2025                              |                                | Shared for information with Adult Haematology team (26/03/25). Fast-track approved at MMG meeting (08/05/25).                      |  |  |
| Lisocabtagene maraleucel for treating relapsed or refractory large B-cell lymphoma after first-line chemoimmunotherapy when a stem cell transplant is suitable (TA1048)                                | 25,65,2525            | Lisocabtagene maraleucel (liso cel)— recommended as an option for treating large B cell lymphoma that is refractory to, or has relapsed within 12 months after, first-line chemoimmunotherapy in adults with:  • diffuse large B cell lymphoma • high-grade B cell lymphoma • primary mediaŝtinal large B-cell lymphoma, or • follicular lymphoma grade 3B. Liso-cel is recommended only if: • an autologous stem cell transplant would be considered suitable, and • the company provides it according to the commercial arrangement. | х                                    |                                    | 10/04/2025                              |                                | Shared for information with Adult Haematology team (26/03/25). Approvedl at ATMP group in Apr-25. Noted at MMG meeting (10/04/25). |  |  |
| Atezolizumab for untreated advanced or recurrent non-small-cell lung cancer when platinum-doublet chemotherapy is unsuitable (terminated appraisal) (TA1047)   | 12,00,2023            | Atezolizumab — NOT RECOMMENDED for untreated advanced or recurrent non-small-cell lung cancer when platinum-doublet chemotherapy is unsuitable in adults. This is because Roche Products has confirmed that it does not intend to make an evidence submission for the appraisal. Roche Products considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources in this population.  |                                      | х                                  | 10/04/2025                              |                                | Shared for information with Pulmonary Oncology team (12/03/25). N/A MFT, not recommended by NICE. Noted at MMG (10/04/25).         |  |  |
| Zolbetuximab with chemotherapy for untreated claudin-18.2-positive HER2-negative unresectable advanced gastric or gastro-oesophageal junction adenocarcinoma (TA1046)                                  |                       | Zolbetuximab with fluoropyrimidine- and platinum-based chemotherapy — NOT RECOMMENDED, within its marketing authorisation, for untreated, locally advanced, unresectable or metastatic, claudin-18.2-positive, HER2-negative, gastric or gastro-oesophageal junction adenocarcinoma in adults.   |                                      | х                                  | 10/04/2025                              |                                | Shared for information with Gastroenterology team (12/03/25). N/A MFT, not recommended by NICE. Noted at MMG (10/04/25).           |  |  |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance   | Date of TA<br>Release |  |   |   | Adhere                                  | ence of local fo               | ormulary to NICE   |
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|   |                       |  | <b>Yes</b><br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(davs) | Notes (e.g. rationale, method of making available)   |
| 12 SQ-HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites (TA1045)   | 05/03/2025            | Allergic rhinitis  12 standard quality house dust mite sublingual lyophilisate (SQ-HDM SLIT) — recommended, within its marketing authorisation, as an option for treating moderate to severe house dust mite allergic rhinitis in people 12 to 65 years that is:  • diagnosed by clinical history and a positive test of house dust mite sensitisation (skin prick test or specific immunoglobulin E [IgE]) and  • persistent despite use of symptom-relieving medicine.  Allergic asthma  12 SQ HDM SLIT— NOT RECOMMENDED, within its marketing authorisation, for treating house dust mite allergic asthma in adults that is:  • diagnosed by clinical history and a positive test of house dust mite sensitisation (skin prick test or specific IgE) and  • associated with mild to severe house dust mite allergic rhinitis and  • not well controlled by inhaled corticosteroids. | x   |   | 08/05/2025                              | 64                             | Shared for information with Adult / Paediatric Allergy Immunology teams (05/03/25). Approved at PMMG Sep-24. Approved at PMMG meeting (07/05/25) and MMG (08/05/25).                         |
| Exagamglogene autotemcel for treating severe sickle cell disease in people 12 years and over (TA1044)   | 26/02/2025            | Exagamglogene autotemcel — recommended with managed access as an option for treating sickle cell disease (SCD) in people 12 years and over:  • who have:  • recurrent vaso-occlusive crises (VOCs) and  • a βS/βS, βS/β+ or βS/β0 genotype and  • when haematopoietic stem cell transplant (HSCT) is suitable, but a human leukocyte antigen-matched related haematopoietic stem cell donor is not available.  It is only recommended:  • for people who have had at least 2 VOCs (as defined in section 3.4) per year during the 2 previous years and  • if the conditions in the managed access agreement for exa cel are followed.  | x   |   | 13/03/2025                              | 15                             | Shared for information with Adult / Paediatric Haematology team (26/02/25). Approved at ATMP group. Noted at MMG meeting (13/03/25).   |
| Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection (updates & replaces TA761) (TA1043) | 26/02/2025            | Osimertinib — recommended, within its marketing authorisation, as an option for the adjuvant treatment of stage 1b to 3a non small cell lung cancer (NSCLC) after complete tumour resection. It is for adults whose tumours have epidermal growth factor receptor (EGFR) exon 19 deletions or EGFR exon 21 (L858R) substitution mutations. It is only recommended if:  • osimertinib is stopped at 3 years, or earlier if there is disease recurrence or unacceptable toxicity and • the company provides it according to the commercial arrangement.  | х   |   | 13/03/2025                              | 15                             | Shared for information with Pulmonary Oncology team (26/02/25). Approved in line with TA761 & CDF (Feb-22). Confirmation of switch to routine commissioning noted at MMG meeting (13/03/25). |
| Selpercatinib for previously treated RET fusion-<br>positive advanced non-small-cell lung cancer<br>(updates & replaces TA760) (TA1042)                     | 19/02/2025            | Selpercatinib— recommended as an option for treating RET fusion-positive advanced non-small-cell lung cancer (NSCLC) that has not been treated with a RET inhibitor in adults, only if:  • it has been treated before and  • the company provides selpercatinib according to the commercial arrangement.   | х   |   | 13/03/2025                              | 22                             | Shared for information with Pulmonary Oncology team (19/02/25). Approved in line with TA760 & CDF (Feb-22). Confirmation of switch to routine commissioning noted at MMG meeting (13/03/25). |
| <b>Durvalumab</b> with etoposide and either carboplatin or cisplatin for untreated extensive-stage small-cell lung cancer ( <b>TA1041</b> )                 | 19/02/2025            | Durvalumab with etoposide and either carboplatin or cisplatin – recommended as an option for untreated extensive-stage small-cell lung cancer in adults, only if:  • they have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, and  • the company provides durvalumab according to the commercial arrangement.  | х   |   | 09/01/2025                              | -41                            | Shared for information with Pulmonary Oncology team (19/02/25). Fast-track approved at MMG meeting (09/01/25).   |
| Olaparib for treating BRCA mutation-positive<br>HER2-negative advanced breast cancer after<br>chemotherapy (TA1040)   | 12/02/2025            | Olaparib — recommended, within its marketing authorisation, as an option for treating HER2-negative locally advanced or metastatic breast cancer with germline BRCA1 or BRCA2 mutations in adults who have had:  • an anthracycline and a taxane as neoadjuvant or adjuvant treatment, or for metastatic disease, unless these are not suitable, and  • endocrine therapy if they have hormone receptor (HR)-positive breast cancer, unless this is not suitable.  Olaparib — only recommended if the company provides it according to the commercial arrangement.   |   | х   | 13/03/2025                              | 29                             | Shared for information with Surgery and Breast teams (12/02/25). N/A MFT, patients referred to Christie Hospital. MMG deemed N/A (13/03/25).   |
| Selpercatinib for advanced thyroid cancer with<br>RET alterations untreated with a targeted<br>cancer drug in people 12 years and over<br>(TA1039)          | 12/02/2025            | Selpercatinib – recommended as an option for treating:  advanced RET fusion-positive thyroid cancer that is refractory to radioactive iodine (if radioactive iodine is appropriate)  advanced RET-mutant medullary thyroid cancer.  It is for people 12 years and over and is recommended only if:  the cancer has not been treated with a targeted cancer drug, and  the company provides it according to the commercial arrangement.   |   | х   | 13/03/2025                              | 29                             | Shared for information with Endocrinology and Head & Neck teams (12/02/25). N/A MFT, patients referred to Christie Hospital. MMG deemed N/A (13/03/25).                                      |

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| Selpercatinib for advanced thyroid cancer with RET alterations after treatment with a targeted cancer drug in people 12 years and over (TA1038)                           | 12/02/2025            | Selpercatinib – recommended as an option in people 12 years and over for treating:  advanced RET fusion-positive thyroid cancer that is refractory to radioactive iodine (if radioactive iodine is appropriate), only if systemic treatment is needed after sorafenib or lenvatinib  advanced RET-mutant medullary thyroid cancer, only if systemic treatment is needed after cabozantinib or vandetanib.  Selpercatinib is only recommended if the company provides it according to the commercial arrangement.   |   | х   | 13/03/2025                              | 29                             | Shared for information with Endocrinology and Head & Neck teams (12/02/25). N/A MFT, patients referred to Christie Hospital. MMG deemed N/A (13/03/25). |
| Pembrolizumab for adjuvant treatment of resected non-small-cell lung cancer (TA1037)  | 05/02/2025            | Pembrolizumab — recommended, within its marketing authorisation, as an option for the adjuvant treatment of non-small-cell lung cancer (NSCLC) with a high risk of recurrence after complete resection and platinum-based chemotherapy in adults. Pembrolizumab is only recommended if the company provides it according to the commercial arrangement.  | х   |   | 09/01/2025                              | -27                            | Shared for information with Pulmonary Oncology team (05/02/25). Fast-track approved at MMG meeting (09/01/25).  |
| Elacestrant for treating oestrogen receptor-<br>positive HER2-negative advanced breast cancer<br>with an ESR1 mutation after endocrine<br>treatment (TA1036)              | 05/02/2025            | Elacestrant — recommended as an option for treating oestrogen receptor (ER)-positive HER2-negative locally advanced or metastatic breast cancer with an activating ESR1 mutation that has progressed after at least 1 line of endocrine treatment plus a cyclin-dependent kinase (CDK) 4 and 6 inhibitor in:  • women, trans men and non-binary people who have been through the menopause  • trans women and men.  Elacestrant is recommended only if:  • the cancer has progressed after at least 12 months of endocrine treatment plus a CDK 4 and 6 inhibitor, and  • the company provides it according to the commercial arrangement. |   | х   | 13/03/2025                              | 36                             | Shared for information with Surgery and Breast teams (05/02/25). N/A MFT, patients referred to Christie Hospital. MMG deemed N/A (13/03/25).            |
| Vadadustat for treating symptomatic anaemia in adults having dialysis for chronic kidney disease (TA1035)   | 23/01/2025            | Vadadustat – recommended, within its marketing authorisation, as an option for treating symptomatic anaemia caused by chronic kidney disease in adults having maintenance dialysis. Vadadustat is only recommended if the company provides it according to the commercial arrangement.   | x   |   | 13/03/2025                              | 49                             | Shared for information with Renal team (23/01/25). Fast-track approved at MMG meeting (13/03/25).   |
| Anhydrous sodium thiosulfate for preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised solid tumours (TA1034)             | 22/01/2025            | Anhydrous sodium thiosulfate — recommended for preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised, non-metastatic solid tumours. It is only recommended if the company provides it according to the commercial arrangement.   | x   |   | 05/02/2025                              | 14                             | Shared for information with Paediatric HaemOnc team (16/01/25). Fast-track approved at PMMG meeting (05/02/25).   |
| Ganaxolone for treating seizures caused by CDKL5 deficiency disorder in people 2 years and over (TA1033)  | 12/02/2025            | Ganaxolone — NOT RECOMMENDED, within its marketing authorisation, as an add-on treatment option for seizures caused by cyclin-dependent kinase like 5 (CDKL5) deficiency disorder (CDD) in children and young people aged 2 to 17 years and adults who turn 18 while on treatment.   |   | х   | 13/03/2025                              | 29                             | Shared for information with Paediatric Neurology team (12/02/25). N/A MFT, not recommended by NICE. MMG deemed N/A (13/03/25).                          |
| Niraparib with abiraterone acetate and prednisone for untreated hormone-relapsed metastatic prostate cancer (terminated appraisal) (TA1032)                               | 22/01/2025            | Niraparib with abiraterone acetate and prednisone — NOT RECOMMENDED for untreated hormone-<br>relapsed metastatic prostate cancer in adults. This is because Johnson & Johnson Innovative Medicine has<br>confirmed that it does not intend to make an evidence submission for the appraisal. Johnson & Johnson<br>Innovative Medicine considers that the technology is unlikely to be used at this point in the treatment<br>pathway.   |   | x   | 13/02/2025                              | 22                             | Shared for information with Urology Oncology team (22/01/25). N/A MFT, not recommended by NICE. MMG deemed N/A (13/02/25).                              |
| Vamorolone for treating Duchenne muscular dystrophy in people 4 years and over (TA1031)   | 16/01/2025            | Vamorolone – recommended, within its marketing authorisation, as an option for treating Duchenne muscular dystrophy (DMD) in people 4 years and over. Vamorolone is only recommended if the company provides it according to the commercial arrangement.   | Х   |   | 05/02/2025                              | 20                             | Shared for information with Paediatric Neurology team (16/01/25). Fast-track approved at PMMG meeting (05/02/25).                                       |
| <b>Durvalumab</b> with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer ( <b>TA1030</b> ) | 15/01/2025            | Durvalumab – recommended, within its marketing authorisation, as neoadjuvant treatment with platinum-based chemotherapy, then continued alone as adjuvant treatment, for treating non-small-cell lung cancer (NSCLC) in adults whose cancer:  • is resectable (tumours 4 cm or over, or node positive) and  • has no epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) rearrangements.  Durvalumab is only recommended if the company provides it according to the commercial arrangement.   | x   |   | 13/02/2025                              | 29                             | Shared for information with Pulmonary Oncology team (15/01/25). Fast-track approved at MMG Feb-25 meeting.  |
| Andexanet alfa for reversing anticoagulation in people with intracranial haemorrhage (terminated appraisal) (TA1029)  | 15/01/2025            | Andexanet alfa— NOT RECOMMENDED for reversing anticoagulation from apixaban or rivaroxaban in adults with life-threatening or uncontrolled bleeding in the skull (intracranial haemorrhage). This is because AstraZeneca has confirmed that it does not intend to make an evidence submission for the appraisal. AstraZeneca considers that currently there is not enough evidence that the technology is a cost-effective use of NHS resources in this population.  |   | х   | 13/02/2025                              | 29                             | Shared for information with Anticoagulant / Neurology teams (15/01/25). N/A MFT, not recommended by NICE. MMG deemed N/A (13/02/25).                    |
| Bimekizumab for treating moderate to severe hidradenitis suppurativa (terminated appraisal) (TA1028)  | 15/01/2025            | Bimekizumab – NOT RECOMMENDED for treating moderate to severe hidradenitis suppurativa in adults. This is because UCB Pharma withdrew from the appraisal. UCB Pharma could not agree an economically sustainable route to reimbursement for this additional indication.  |   | х   | 13/02/2025                              | 29                             | Shared for information with Dermatology team (15/01/25). N/A MFT, not recommended by NICE. MMG deemed N/A (13/02/25).                                   |

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|   |                       |   | <b>Yes</b><br>(mark 'x' if<br>applicable)  | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(davs) | Notes (e.g. rationale, method of making available)  |  |
| <b>Tebentafusp</b> for treating advanced uveal melanoma ( <b>TA1027</b> )   | 09/01/2025            | <b>Tebentafusp</b> — recommended, within its marketing authorisation, for treating HLA A*02:01-positive unresectable or metastatic uveal melanoma in adults. Tebentafusp is only recommended if the company provides it according to the commercial arrangement.  |  | х   | 13/02/2025                              | 35                             | Shared for information with Ophthalmology team (09/01/25). N/A MFT, patients referred to Liverpool. MMG deemed N/A (13/02/25).  |  |
| Tirzepatide for managing overweight and obesity (TA1026)  | 23/12/2024            | Tirzepatide – recommended as an option for managing overweight and obesity, alongside a reduced- calorie diet and increased physical activity in adults, only if they have:  • an initial body mass index (BMI) of at least 35 kg/m2 and  • at least 1 weight-related comorbidity. Use a lower BMI threshold (usually reduced by 2.5 kg/m2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds.   |  | х   | 13/02/2025                              | 52                             | Shared for information with Endocrinology team (23/12/24). Currently no commisioned wight management service at MFT. Therefore N/A, patients to be referred to NCA. MMG deemed N/A (13/02/25).                              |  |
| <b>Ublituximab</b> for treating relapsing multiple sclerosis ( <b>TA1025</b> )  | 18/12/2024            | Ublituximab – recommended as an option for treating relapsing forms of multiple sclerosis, defined as active by clinical or imaging features in adults, only if:  • the multiple sclerosis is relapsing – remitting, and  • the company provides it according to the commercial arrangement.  |  | х   | 09/01/2025                              | 22                             | Shared for information with Neurology team (18/12/24). N/A MFT, patients are treated at NCA. MMG deemed N/A Jan-25 meeting.   |  |
| Toripalimab with chemotherapy for untreated advanced oesophageal squamous cell cancer (terminated appraisal) (TA1024) | 11/12/2024            | Toripalimab – NOT RECOMMENDED with chemotherapy for untreated advanced oesophageal squamous cell cancer in adults. This is because Shanghai Junshi Bioscience has requested a delay to the evidence submission.   |  | х   | 09/01/2025                              | 29                             | Shared for information with Gastroenterology team (11/12/24). N/A MFT, not recommended by NICE. MMG deemed N/A Jan-25 meeting.  |  |
| Elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments (TA1023)                 | 11/12/2024            | Elranatamab – recommended with managed access as an option for treating relapsed and refractory multiple myeloma in adults, only after 3 or more lines of treatment (including an immunomodulatory drug, a proteasome inhibitor and an anti CD38 antibody) when the multiple myeloma has progressed on the last treatment. It is only recommended if the conditions in the managed access agreement for elranatamab are followed.   | х  |   | 13/02/2025                              | 64                             | Shared for information with Haematology team (11/12/24). Fast-track approved at MMG Feb-25 meeting.   |  |
| <b>Bevacizumab gamma</b> for treating wet agerelated macular degeneration ( <b>TA1022</b> )                           | 04/12/2024            | Bevacizumab gamma— recommended as an option for treating wet age-related macular degeneration in adults, only if:  • the eye has a best-corrected visual acuity between 6/12 and 6/96  • there is no permanent structural damage to the central fovea  • the lesion size is 12 disc areas or less in greatest linear dimension  • there are signs of recent disease progression (for example, blood vessel growth as shown by fluorescein angiography, or recent visual acuity changes)  • the company provides it according to the commercial arrangement. | х  |   | 30/12/2024                              | 26                             | Shared for information with Macular team (04/12/24). Fast-track submitted. Approved MMG chair (30/12/24)Noted at MMG Jan-25 meeting.  |  |
| Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer (updates & replaces TA529) (TA1021)         | 04/12/2024            | Crizotinib— recommended as an option for treating ROS1-positive advanced non-small-cell lung cancer in adults, only if:  they have not had ROS1 inhibitors  the company provides it according to the commercial arrangement.  | х  |   | 12/12/2024                              | 8                              | Shared for info Pulmonary Oncology team (04/12/24). Approved Jul-18 in line with NICE TA529/CDF. Switch to routine commissioning from CDF. MMC approved at Dec-24 meeting.  |  |
| <b>Eplontersen</b> for treating hereditary transthyretin-related amyloidosis ( <b>TA1020</b> )                        | 27/11/2024            | Eplontersen – recommended, within its marketing authorisation, as an option for treating hereditary transthyretin-related amyloidosis in adults with stage 1 or stage 2 polyneuropathy. It is only recommended if the company provides eplontersen according to the commercial arrangement.   |  | х   | 12/12/2024                              | 15                             | Shared for info Cardiology, Neurology, Haematology & Renal teams (27/11/24). N/A MFT, patients referred to the National Amyloidosis Centre for treatment at Royal Free Hospital , London. MMC deemed N/A at Dec-24 meeting. |  |
| Crovalimab for treating paroxysmal nocturnal haemoglobinuria in people 12 years and over (TA1019)                     | 20/11/2024            | Crovalimab – recommended, within its marketing authorisation, as an option for treating paroxysmal nocturnal haemoglobinuria in people 12 years and over who weigh 40 kg or more. It is recommended for people who:  • have haemolysis with clinical symptoms indicating high disease activity • are clinically stable after having a complement component 5 inhibitor for at least the past 6 months.  Crovalimab is only recommended if the company provides it according to the commercial arrangement.  |  | х   | 12/12/2024                              | 22                             | Shared for info Haematology team (20/11/24). N/A MFT, patients referred to the Commissioned Treatment Centre for PNH in Leeds. MMC deemed N/A at Dec-24 meeting.  |  |
| Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis (updates & replaces TA756) (TA1018) | 20/11/2024            | Fedratinib – recommended as an option for treating disease-related splenomegaly or symptoms of primary myelofibrosis, post-polycythaemia vera myelofibrosis or post-essential thrombocythaemia myelofibrosis. It is recommended for adults, only if:  • they have had ruxolitinib, and  • momelotinib is unsuitable, and  • the company provides fedratinib according to the commercial arrangement.  | х  |   | 12/12/2024                              | 22                             | Shared for info Haematology team (20/11/24). Approved Jan-22 in line with NICE TA756/CDF. Switch to routine commissioning from CDF. For review at MMC Dec-24 meeting.   |  |

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|  |                       |   | <b>Yes</b><br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(davs) | Notes (e.g. rationale, method of making available)   |  |
| Pembrolizumab with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer (TA1017) | 20/11/2024            | Pembrolizumab – recommended, within its marketing authorisation, as an option for neoadjuvant treatment with platinum-based chemotherapy, then continued alone as adjuvant treatment, for resectable non-small-cell lung cancer (NSCLC) with a high risk of recurrence in adults. Pembrolizumab is only recommended if the company provides it according to the commercial arrangement.   | x   |   | 12/12/2024                              | 22                             | Shared for info with Pulmonary Oncology team (20/11/24). Fast-track submitted. MMC approved Dec-24 meeting.  |  |
| Elafibranor for previously treated primary biliary cholangitis (TA1016)  | 14/11/2024            | Elafibranor – recommended, within its marketing authorisation, as an option for treating primary biliary cholangitis in adults, when used:  • with ursodeoxycholic acid (UDCA), if the primary biliary cholangitis has not responded well enough to UDCA, or  • alone, if UDCA cannot be tolerated.  Elafibranor is only recommended if the company provides it according to the commercial arrangement.  | x   |   | 14/11/2024                              | 0                              | Shared for info with Hepatology team (14/11/24). Fast-track submitted (23/10/24). MMC approved at Nov-24 meeting.  |  |
| Teclistamab for treating relapsed and refractory multiple myeloma after 3 or more treatments (updates & replaces TA869) (TA1015)                             | 13/11/2024            | Teclistamab – recommended as an option for treating relapsed and refractory multiple myeloma in adults, only after 3 or more lines of treatment (including an immunomodulatory drug, a proteasome inhibitor and an anti-CD38 antibody) when the myeloma has progressed on the last treatment. It is only recommended if the company provides teclistamab according to the commercial arrangement.   | х   |   | 08/08/2024                              | -97                            | Shared for info with haematology team (13/11/24). MMC approved CDF (08/08/24). Confirmation received of switch to routine commissioning. MMC approved and noted at Nov-24 meeting.                           |  |
| Alectinib for adjuvant treatment of ALK-positive non-small-cell lung cancer (TA1014)   | 13/11/2024            | Alectinib— recommended, within its marketing authorisation, as an option for the adjuvant treatment of stage 1B (tumours 4 cm or larger) to 3A ALK-positive non-small-cell lung cancer (NSCLC) after complete tumour resection in adults. It is only recommended if the company provides it according to the commercial arrangement.  | х   |   | 14/11/2024                              | 1                              | Shared for info with Pulmonary Oncology team (13/11/24). Fast-track submitted (18/10/24). MMC approved at Nov-24 meeting.  |  |
| Quizartinib for induction, consolidation and maintenance treatment of newly diagnosed FLT3-ITD-positive acute myeloid leukaemia (TA1013)                     | 23/10/2024            | Quizartinib – recommended, within its marketing authorisation, as an option for newly diagnosed FLT3 ITD positive acute myeloid leukaemia (AML) in adults, when used:  • with standard cytarabine and anthracycline chemotherapy as induction treatment, then  • with standard cytarabine chemotherapy as consolidation treatment, then  • alone as maintenance treatment.  • Quizartinib is only recommended if the company provides it according to the commercial arrangement.                               | х   |   | 14/11/2024                              | 22                             | Shared for info with haematology team (23/10/24). Fast-track submitted. MMC approved at Nov-24 meeting.  |  |
| Avapritinib for treating advanced systemic mastocytosis (TA1012)   | 06/11/2024            | Avapritinib – recommended, within its marketing authorisation, as an option for treating advanced systemic mastocytosis (including aggressive systemic mastocytosis, systemic mastocytosis with an associated haematological neoplasm and mast cell leukaemia) in adults. Avapritinib is only recommended if the company provides it according to the commercial arrangement.   | х   |   | 14/11/2024                              | 8                              | Shared for info with haematology team (06/11/24). Fast-track submitted. MMC approved at Nov-24 meeting.  |  |
| <b>Belzutifan</b> for treating tumours associated with von Hippel-Lindau disease ( <b>TA1011</b> )   | 16/10/2024            | Belzutifan – recommended with managed access as an option for treating von Hippel-Lindau (VHL) disease in adults:  • who need treatment for VHL associated renal cell carcinomas, central nervous system hemangioblastomas or pancreatic neuroendocrine tumours, and  • when localised procedures are unsuitable or undesirable.  It is only recommended if the conditions in the managed access agreement for belzutifan are followed.   |   | х   | 14/11/2024                              | 29                             | Shared for info with haematology, renal, hepatology & ophthalmology teams (16/10/24). N/A MFT patients referred to Commissioned centre at Christie hospital for treatment. MMC deemed N/A at Nov-24 meeting. |  |
| Danicopan with ravulizumab or eculizumab for treating paroxysmal nocturnal haemoglobinuria (TA1010)  | 23/10/2024            | Danicopan – recommended, as an add-on to ravulizumab or eculizumab as an option for treating paroxysmal nocturnal haemoglobinuria (PNH) in adults who have residual haemolytic anaemia, only if:  • they have clinically significant extravascular haemolysis while on treatment with a complement component 5 inhibitor (C5 inhibitor) and  • the company provides it according to the commercial arrangement.   |   | х   | 14/11/2024                              | 22                             | Not on Trust formulary. Shared adult haematology team for information (23/10/24). N/A MFT, not commissioned, patients referred to PNH centre in Leeds. MMC deemed N/A at Nov-24 meeting.                     |  |
| Latanoprost-netarsudil for previously treated primary open-angle glaucoma or ocular hypertension (TA1009)  | 02/10/2024            | Latanoprost-netarsudil – recommended as an option for reducing intraocular pressure (IOP) in adults with primary open-angle glaucoma or ocular hypertension when a prostaglandin analogue alone has not reduced IOP enough, only if:  • they have then tried a fixed-dose combination treatment and it has not reduced IOP enough, or  • a fixed-dose combination treatment containing beta-blockers is unsuitable.   | х   |   | 10/10/2024                              | 8                              | Not on Trust formulary. Shared with adult macular team for information (02/10/24). Fast-track submitted. MMC approved at Oct-24 meeting.   |  |
| <b>Trifluridine—tipiracil</b> with <b>bevacizumab</b> for treating metastatic colorectal cancer after 2 systemic treatments ( <b>TA1008</b> )                | 25/09/2024            | Trifluridine—tipiracil with bevacizumab— recommended, within its marketing authorisation, for treating metastatic colorectal cancer in adults who have had 2 lines of treatment (including fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapies, antivascular endothelial growth factor or antiepidermal growth factor receptor treatments). Trifluridine—tipiracil with bevacizumab is only recommended if the company provides trifluridine—tipiracil according to the commercial arrangement. |   | х   | 10/10/2024                              | 15                             | Not on Trust formulary for this indication. Shared adult colorectal teams for information (25/09/24). N/A MFT, not commissioned, patients referred to Christie hospital. MMC deemed N/A at Oct-24 meeting.   |  |

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| Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer (updates & replaces TA611) (TA1007) | 17/09/2024            | Rucaparib – recommended, within its marketing authorisation, as an option for the maintenance treatment of relapsed platinum-sensitive high-grade epithelial, ovarian, fallopian tube or primary peritoneal cancer that has completely or partially responded to platinum-based chemotherapy in adults. Rucaparib is only recommended if the company provides it according to the commercial arrangement.   |   | x   | 10/10/2024                              | 23                             | Not on Trust formulary for this indication. Shared adult gynaecology teams for information (17/09/24). N/A MFT, not commissioned, patients referred to Christie hospital. MMC deemed N/A at Oct-24 meeting.   |
| Empagliflozin for treating type 2 diabetes in people 10 to 17 years (TERMINATED APPRAISAL) (TA1006)   | 12/09/2024            | Empagliflozin – NOT RECOMMENDED for treating type 2 diabetes in people aged 10 to 17 years. This is because Boehringer Ingelheim has confirmed that it does not intend to make an evidence submission for the appraisal. Boehringer Ingelheim's view, which it has corroborated in consultation with healthcare professionals and other relevant decision makers, is that an appraisal will not add value.  |   | х   | 10/10/2024                              | 28                             | Not on Trust formulary for this indication. Shared adult and paediatric endocrinology teams for information (12/09/24). N/A MFT, not recommended by NICE. MMC deemed N/A Oct-24 meeting.                      |
| Futibatinib for previously treated advanced cholangiocarcinoma with FGFR2 fusion or rearrangement (TA1005)  | 11/09/2024            | Futibatinib – recommended, within its marketing authorisation, as an option for treating locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or rearrangement that has progressed after at least 1 line of systemic treatment in adults. Futibatinib is only recommended if the company provides it according to the commercial arrangement.  |   | х   | 10/10/2024                              | 29                             | Not on Trust formulary. Shared with adult Hepatology / 3HPB teams for information (11/09/24). N/A MFT, patients referred to the Christie hospital. MMC deemed N/A Oct-24 meeting.                             |
| Faricimab for treating visual impairment caused by macular oedema after retinal vein occlusion (TA1004)   | 11/09/2024            | Faricimab – recommended, within its marketing authorisation, as an option for treating visual impairment caused by macular oedema after central or branch retinal vein occlusion in adults. It is only recommended if the company provides it according to the commercial arrangement.  | х   |   | 10/10/2024                              | 29                             | Not on Trust formulary for this indication. Shared Macular team for information (11/09/24). Fast-track submitted (NICE 30-day). MMC approved at Oct-24 meeting.   |
| Exagamglogene autotemcel for treating transfusion-dependent beta-thalassaemia in people 12 years and over (TA1003)                                  | 11/09/2024            | Exagamglogene autotemcel (exa cel)— recommended with managed access as an option for treating transfusion-dependent beta-thalassaemia in people 12 years and over:  • when a haematopoietic stem cell transplant (HSCT) is suitable, but a human leukocyte antigen-matched related haematopoietic stem cell donor is not available  • only if the conditions in the managed access agreement for exa cel are followed.  | х   |   | 10/10/2024                              | 29                             | Not on Trust formulary. Shared with adult and paediatric haematology teams for information (11/09/24). ATMP approved (Aug-24). Fast-track submitted. MMC approved at Oct-24 meeting.                          |
| Evinacumab for treating homozygous familial hypercholesterolaemia in people 12 years and over (TA1002)  | 11/09/2024            | Evinacumab alongside diet and other low-density lipoprotein-cholesterol (LDL C) lowering therapies – recommended, within its marketing authorisation, as an option for treating homozygous familial hypercholesterolaemia (HoFH) in people 12 years and over. It is only recommended if the company provides it according to the commercial arrangement.  | х   |   | 14/11/2024                              | 64                             | Not on Trust formulary. Shared with adult and paediatric endocrinology / lipid teams for information (11/09/24). Fast-track submitted, for review by MMC at Nov-24 meeting.                                   |
| Zanubrutinib for treating marginal zone lymphoma after anti-CD20-based treatment (TA1001)   | 04/09/2024            | Zanubrutinib— recommended, within its marketing authorisation, as an option for treating marginal zone lymphoma in adults who have had at least 1 anti CD20-based treatment. It is only recommended if the company provides it according to the commercial arrangement.   | х   |   | 12/09/2024                              | 8                              | Not on Trust formulary for this indication. Shared<br>Haematology teams for information (04/09/24). Fast<br>track submitted. MMC approved (12/09/24).   |
| <b>Iptacopan</b> for treating paroxysmal nocturnal haemoglobinuria ( <b>TA1000</b> )  | 04/09/2024            | Iptacopan – recommended, within its marketing authorisation, as an option for treating paroxysmal nocturnal haemoglobinuria (PNH) in adults with haemolytic anaemia. Iptacopan is only recommended if the company provides it according to the commercial arrangement.  |   | х   | 10/10/2024                              | 36                             | Not on Trust formulary. Shared with adult and paediatric haematology teams for information (04/09/24). N/A MFT, not commissioned. Patient: referred to PNH centre in Leeds. MMC deemed N/a at Oct-24 meeting. |
| <b>Vibegron</b> for treating symptoms of overactive bladder syndrome ( <b>TA999</b> )   | 04/09/2024            | Vibegron— recommended as an option for treating the symptoms of overactive bladder syndrome in adults. It is only recommended if antimuscarinic medicines are not suitable, do not work well enough or have unacceptable side effects.  If people with the condition and their healthcare professional consider vibegron to be 1 of a range of suitable treatments, after discussing the advantages and disadvantages of all the options, the least expensive should be used. Administration costs, dosages, price per dose and commercial arrangements should all be taken into account. | х   |   | 14/11/2024                              | 71                             | Not on Trust formulary. Shared Urology and Urogynaecology teams for information (04/09/24) Fast-track submitted. MMC approved (14/11/24).   |
| Risankizumab for treating moderately to severely active ulcerative colitis (TA998)  | 14/08/2024            | Risankizumab – recommended as an option for treating moderately to severely active ulcerative colitis in adults when conventional or biological treatment cannot be tolerated, or the condition has not responded well enough or has lost response to treatment, only if:  a tumour necrosis factor (TNF)-alpha inhibitor:  has not worked (not responded well enough or has lost response to treatment), or o cannot be tolerated or is not suitable, and  the company provides it according to the commercial arrangement.  | х   |   | 12/09/2024                              | 29                             | Not on Trust formulary for this indication. Shared<br>Gastroenterology teams for information (14/08/24)<br>Fast-track submitted. MMC approved (12/09/24).   |

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|   |                       |  | <b>Yes</b><br>(mark 'x' if<br>applicable)   | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(davs) | Notes (e.g. rationale, method of making available)   |  |
| Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced HER2-negative gastric or gastro-oesophageal junction adenocarcinoma (TA997) | 29/08/2024            | Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy— recommended, within its marketing authorisation, as an option for untreated locally advanced unresectable or metastatic HER2 negative gastric or gastro-oesophageal junction adenocarcinoma in adults whose tumours express PD L1 with a combined positive score (CPS) of 1 or more. Pembrolizumab is only recommended if the company provides it according to the commercial arrangement.   |   | х   | 12/09/2024                              | 14                             | Not on Trust formulary for this indication. Shared Gastroenterology teams for information (29/08/24). N/A, patients referred to Christie hospital. MMC deemed N/A 12/09/24.  |  |
| <b>Linzagolix</b> for treating moderate to severe symptoms of uterine fibroids ( <b>TA996</b> )   | 14/08/2024            | Linzagolix – recommended as an option for treating moderate to severe symptoms of uterine fibroids in adults of reproductive age only if:  it is intended to be used for longer-term treatment (normally for more than 6 months and not for people who need short-term treatment, for example, before planned surgery)  the following dosage is used:  with hormonal add-back therapy (ABT): 200 mg once daily  o without hormonal ABT: 200 mg once daily for 6 months, then 100 mg once daily.  | х   |   | 12/11/2024                              | 90                             | Not on Trust formulary. Shared Gynaecology teams for information (14/08/24). Fast track submitted. Approved chairs action Nov-24. For noting at MMC Dec-24 meeting.  |  |
| Relugolix for treating hormone-sensitive prostate cancer (TA995)  | 14/08/2024            | Relugolix – recommended, within its marketing authorisation, as an option for treating prostate cancer in adults:  • with advanced hormone-sensitive prostate cancer • alongside radiotherapy for high-risk localised or locally advanced hormone-sensitive prostate cancer • as neoadjuvant treatment before radiotherapy for high-risk localised or locally advanced hormone-sensitive prostate cancer.  |   | х   | 12/09/2024                              | 29                             | Not on Trust formulary. Shared Urology teams for information (14/08/24). N/A, MFT not commissioned centre. Patients to be referred to Christie Hospital. MMC deemed N/A (12/09/24).  |  |
| Enzalutamide for treating non-metastatic prostate cancer after radical prostatectomy or radiotherapy (TERMINATED APPRAISAL) (TA994)                                     | 08/08/2024            | Enzalutamide – NOT RECOMMENDED for treating non-metastatic prostate cancer after radical prostatectomy or radiotherapy. This is because Astellas Pharma has confirmed that it does not intend to make an evidence submission for the appraisal. Astellas Pharma considers that there is lack of mature overall survival data to provide an evidence submission for this appraisal.   |   | х   | 12/09/2024                              | 35                             | Not on Trust formulary for this indication. Shared Urology teams for information (08/08/24). N/A, not recommended by NICE. MMC deemed N/A (12/09/24).  |  |
| Burosumab for treating X-linked hypophosphataemia in adults (TA993)   | 07/08/2024            | Burosumab – recommended, within its marketing authorisation, as an option for treating X linked hypophosphataemia (XLH) in adults. Burosumab is only recommended if the company provides it according to the commercial arrangement.   | х   |   | 12/09/2024                              | 36                             | On Trust formulary for this indication (off-label) (Feb-<br>20). Shared with adult Endocrinology bone team for<br>information (07/08/24). Fast-track submitted. MMC<br>approved (12/09/24).  |  |
| Trastuzumab deruxtecan for treating HER2-<br>low metastatic or unresectable breast cancer<br>after chemotherapy (TA992)   | 29/07/2024            | Trastuzumab deruxtecan – NOT RECOMMENDED, within its marketing authorisation, for treating HER2 low metastatic or unresectable breast cancer in adults after:  ■ chemotherapy in the metastatic setting or  ■ recurrence during adjuvant chemotherapy or within 6 months after finishing it.   |   | х   | 12/09/2024                              | 45                             | Not on Trust formulary for this indication. Shared Surgery / Breast teams for information (29/07/24). N/A, not recommended by NICE. MMC deemed N/A (12/09/24).   |  |
| Abaloparatide for treating osteoporosis after menopause (TA991)   | 07/08/2024            | Abaloparatide—recommended as an option for treating osteoporosis after menopause in women, trans men and non-binary people, only if they have a very high risk of fracture (see section 3.2). It is only recommended if the company provides it according to the commercial arrangement.   | х   |   | 12/09/2024                              | 36                             | Not on Trust formulary. Shared with adult Endocrinology bone team for information (07/08/24). MMC approved (12/09/24).   |  |
| Tenecteplase for treating acute ischaemic stroke (TA990)  | 24/07/2024            | Tenecteplase – recommended, within its marketing authorisation, as an option for the thrombolytic treatment of an acute ischaemic stroke in adults:  ■ within 4.5 hours of the onset of stroke symptoms, and  ■ when intracranial haemorrhage has been excluded.  Use the least expensive option of the available treatments (including tenecteplase and alteplase). Take account of administration costs, dosages, price per dose and commercial arrangements. If the least expensive option is unsuitable, people with the condition, their family or carers, and their healthcare professional should discuss the advantages and disadvantages of other treatments. |   | х   | 12/09/2024                              | 50                             | Not on Trust formulary for this indication. Shared with adult Stroke / Emergency Medicine / Medicine and Anticoagulation teams for information (24/07/24). MFT not commissioned to treat acute ischaemic stroke, patients conveyed to Stockport; NCA (Salford Royal & Fairfield General hospitals). MMC deemed N/A (12/09/24). |  |
| Etranacogene dezaparvovec for treating moderately severe or severe haemophilia B (TA989)  | 24/07/2024            | Etranacogene dezaparvovec – recommended with managed access as an option for treating moderately severe or severe haemophilia B (congenital factor IX [FIX] deficiency) in adults without anti FIX antibodies. It is only recommended if the conditions in the managed access agreement for etranacogene dezaparvovec are followed.  | х   |   | 08/08/2024                              | 15                             | Not on Trust formulary. Shared with adult and paediatric Haematology and ATMP teams for information (24/07/24). ATMP approved. For review and onboarding by ATMP committee. MMC approved 08/08/24.   |  |

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|   |                       | ,,   | Yes<br>(mark 'x' if<br>applicable)   | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(davs) | Notes (e.g. rationale, method of making available)  |  |
| Ivacaftor-tezacaftor-elexacaftor, tezacaftor-ivacaftor and lumacaftor-ivacaftor for treating cystic fibrosis (TA988)  | 24/07/2024            | Ivacaftor-tezacaftor-elexacaftor (IVA-TEZ-ELX) plus ivacaftor (IVA) alone—recommended as an option for treating cystic fibrosis in people 2 years and over who have at least 1 F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.  Tezacaftor-ivacaftor (TEZ-IVA) plus IVA alone—recommended for treating cystic fibrosis in people 6 years and over who have:  2 copies of the CFTR gene with F508del mutations, or  a copy of the CFTR gene with an F508del mutation and a copy of the CFTR gene with 1 of the mutations listed in section 2.2.  Lumacaftor-ivacaftor (LUM-IVA)—recommended for treating cystic fibrosis in people 1 year and over who have 2 copies of the CFTR gene with F508del mutations.  IVA—TEZ-ELX, TEZ-IVA and LUM-IVA are only recommended if the company provides them according to the commercial arrangement. | х                                    |   | 04/09/2024                              | 42                             | On Trust formulary (Dec-19). Shared with adult and paediatric respiratory / Cystic fibrosis teams for information (24/07/24). Updated Fast-track requested. Approved by MMC (12/09/24)/ PMMC (04/09/24).            |  |
| Lisocabtagene maraleucel for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma (TERMINATED APPRAISAL) (TA987)  | 04/07/2024            | Lisocabtagene maraleucel – NOT RECOMMENDED for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma in adults. This is because Celgene has confirmed that it does not intend to make an evidence submission for the appraisal. Celgene considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources in this population.   |                                      | х   | 08/08/2024                              | 35                             | Not on Trust formulary. Shared with adult and paediatric Haematology and ATMP teams for information (04/07/24). N/A, not recommended by NICE. MMC deemed N/A (08/08/24).  |  |
| Lebrikizumab for treating moderate to severe atopic dermatitis in people 12 years and over (TA986)  | 10/07/2024            | Lebrikizumab – recommended as an option for treating moderate to severe atopic dermatitis that is suitable for systemic treatment in people 12 years and over with a body weight of 40 kg or more, only if:  • the atopic dermatitis has not responded to at least 1 systemic immunosuppressant or these treatments are not suitable, and  • dupilumab or tralokinumab would otherwise be offered, and  • the company provides it according to the commercial arrangement.   | х                                    |   | 02/10/2024                              | 84                             | Not on Trust formulary. Shared with adult and paediatric dermatology teams for information (10/07/24). Fast-track PMMC approved (02/10/24)  |  |
| Selective internal radiation therapy with<br>QuiremSpheres for treating unresectable<br>advanced hepatocellular carcinoma (partial<br>update TA688) (TA985)                           | 03/07/2024            | The selective internal radiation therapy (SIRT) QuiremSpheres— recommended as an option for treating unresectable advanced hepatocellular carcinoma (HCC) in adults, only if it is:  used for people with Child—Pugh grade A liver impairment when conventional transarterial therapies are inappropriate, and  the company provides it according to the commercial arrangement.   |                                      | х   | 08/08/2024                              | 36                             | Not on Trust formulary. Shared with hepatology team for information (03/07/24). N/A patients referred to Christie Hospital for treatment. MMC deemed N/A (08/08/24).  |  |
| <b>Tafamidis</b> for treating transthyretin amyloidosis with cardiomyopathy ( <b>TA984</b> )  | 19/06/2024            | Tafamidis – recommended, within its marketing authorisation, as an option for treating wild-type or hereditary transthyretin amyloidosis with cardiomyopathy (ATTR CM) in adults. Tafamidis is only recommended if the company provides it according to the commercial arrangement.  |                                      | х   | 11/07/2024                              | 22                             | Not on Trust formulary. Shared with cardiology team for information (19/06/24). N/A currently, patients to be referred to the National Amyloidosis Centre at Royal Free Hospital London. MMC deemed N/A (11/07/24). |  |
| Pembrolizumab with trastuzumab and chemotherapy for untreated locally advanced unresectable or metastatic HER2-positive gastric or gastro-oesophageal junction adenocarcinoma (TA983) | 12/06/2024            | Pembrolizumab with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy – NOT RECOMMENDED, within its marketing authorisation, for untreated locally advanced unresectable or metastatic HER2 positive gastric or gastro-oesophageal junction (GOJ) adenocarcinoma in adults whose tumours express PD L1 with a combined positive score (CPS) of 1 or more.   |                                      | х   | 11/07/2024                              | 29                             | Not on Trust formulary for indication. Shared with Gastro team for information (12/06/24). N/A not recommended by NICE. MMC deemed N/A (11/07/24).  |  |
| Baricitinib for treating juvenile idiopathic arthritis in people 2 years and over (TERMINATED APPRAISAL) (TA982)  | 13/06/2024            | Baricitinib — NOT RECOMMENDED for treating juvenile idiopathic arthritis in people 2 years and over. This is because Eli Lilly has confirmed that it does not intend to make an evidence submission for the appraisal. Eli Lilly considers that the technology will not be launched in England and Wales for treating this indication.   |                                      | х   | 03/07/2024                              | 20                             | Not on Trust formulary for indication. Shared with Paediatric Rheumatology team for information (13/06/24). N/A not recommended by NICE. PMMC deemed N/A (03/07/24).  |  |
| Voxelotor for treating haemolytic anaemia caused by sickle cell disease (TA981)   | 12/06/2024            | Voxelotor, with or without hydroxycarbamide – recommended as an option for treating haemolytic anaemia caused by sickle cell disease in people 12 years and over. It is recommended only if:  • people are ineligible for, or intolerant of hydroxycarbamide, or  • hydroxycarbamide alone is insufficiently effective.  Voxelotor is only recommended if the company provides it according to the commercial arrangement.   | х                                    |   | 09/05/2024                              | -34                            | On Trust formulary for indication. Shared with Haematology / Paeds HaemOnc teams (12/06/24). MMC approved 09/05/24; PMMC approved (05/06/24).   |  |

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| Nivolumab for adjuvant treatment of completely resected melanoma at high risk of recurrence in people 12 years and over (TERMINATED APPRAISAL) (TA980)          | 05/06/2024            | Nivolumab — NOT RECOMMENDED for the adjuvant treatment of completely resected melanoma at high risk of recurrence in people 12 years and over. This is because Bristol-Myers Squibb (BMS) has confirmed that it does not intend to make an evidence submission for the appraisal. BMS considers that the technology will not be launched in the UK for treating this indication.  |   | Х   | 13/06/2024                              | 8                              | Not on Trust formulary for indication. Shared with Dermatology team for information (05/06/24). N/A not recommended by NICE. MMC deemed N/A (13/06/24).   |
| Ivosidenib with azacitidine for untreated acute myeloid leukaemia with an IDH1 R132 mutation (TA979)  | 05/06/2024            | Ivosidenib plus azacitidine – recommended, within its marketing authorisation, as an option for untreated acute myeloid leukaemia (AML) with an IDH1 R132 mutation in adults who cannot have standard intensive induction chemotherapy. It is only recommended if the company provides it according to the commercial arrangement.  | х   |   | 13/06/2024                              | 8                              | Not on Trust formulary for indication. Shared with Haematology team for information (05/06/24). Fast-track submitted. MMC approved (13/06/24).  |
| Zanubrutinib with obinutuzumab for treating relapsed or refractory B-cell follicular lymphoma after 2 or more treatments (TERMINATED APPRAISAL) (TA978)         | 29/05/2024            | Zanubrutinib with obinutuzumab— NOT RECOMMENDED for treating relapsed or refractory B-cell follicular lymphoma in adults after 2 or more treatments. This is because BeiGene has requested a delay to the evidence submission.  |   | х   | 13/06/2024                              | 15                             | Not on Trust formulary for indication. Shared with Haematology team for information (29/05/24). N/A not recommended by NICE. MMC deemed N/A (13/06/24).   |
| <b>Dabrafenib</b> with trametinib for treating BRAF V600E mutation-positive glioma in children and young people aged 1 year and over ( <b>TA977</b> )           | 29/05/2024            | Dabrafenib with trametinib— recommended, within its marketing authorisation, as an option for treating:  • low-grade glioma (LGG) with a BRAF V600E mutation in children and young people aged 1 year and over who need systemic treatment  • high-grade glioma (HGG) with a BRAF V600E mutation in children and young people aged 1 year and over after at least 1 radiation or chemotherapy treatment.  Dabrafenib with trametinib— only recommended if the company provides it according to the commercial arrangements. | x   |   | 05/06/2024                              | 7                              | Not on Trust formulary for indication. Shared with Paediatric HaemOncology team for information (29/05/24) and Fast-track requested. Fast-track submitted. PMMC approved (05/06/24).  |
| Trastuzumab deruxtecan for treating HER2-<br>mutated advanced non-small-cell lung cancer<br>after platinum-based chemotherapy<br>(TERMINATED APPRAISAL) (TA976) | 29/05/2024            | Trastuzumab deruxtecan— NOT RECOMMENDED for treating HER2-mutated advanced non-small-cell lung cancer in adults who need systemic treatment after platinum-based chemotherapy with or without immunotherapy. This is because Daiichi Sankyo has confirmed that it does not intend to make an evidence submission for the appraisal. Daiichi Sankyo considers that the technology is unlikely to be a cost-effective use of NHS resources under the current NICE methods.  |   | х   | 13/06/2024                              | 15                             | Not on Trust formulary for indication. Shared with Pulmonary Oncology team for information (29/05/24). N/A not recommended by NICE. MMC deemed N/A (13/06/24).  |
| Setmelanotide for treating obesity and hyperphagia in Bardet-Biedl syndrome (HST31)   | 22/05/2024            | Setmelanotide – recommended as an option for treating obesity and hyperphagia in genetically confirmed Bardet-Biedl syndrome (BBS) in people aged 6 years and over, only if they are aged between 6 and 17 years when treatment starts. These people can carry on having setmelanotide as adults until they need to stop. Setmelanotide is only recommended if the company provides it according to the commercial arrangement.   |   | х   | 13/06/2024                              | 22                             | Not on Trust formulary for indication. Shared with Paediatric Endocrinology team for information (22/05/24). N/A patients to be referred to Cambridge and Birmingham. MMC deemed N/A (13/06/24). PMMC approved (03/07/24).    |
| Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 25 years and under (updates & replaces TA554) (TA975)       | 15/05/2024            | Tisagenlecleucel – recommended as an option for people 25 years and under for treating B cell acute lymphoblastic leukaemia that is:  • relapsed after a transplant, or  • relapsed for a second or later time, or  • refractory.  It is only recommended if the company provides it according to the commercial arrangement.   | х   |   | 05/06/2024                              | 21                             | On Trust formulary for indication (MMC approved CDF Feb-19). Shared for information with adult & paediatric haematology teams (15/05/24). Confirmation received of switch to routine commissioning. PMMC approved (05/06/24). |
| Selinexor with bortezomib and dexamethasone for previously treated multiple myeloma (TA974)   | 15/05/2024            | Selinexor plus bortezomib and dexamethasone— recommended as an option for treating multiple myeloma in adults, only if:  • they have only had 1 previous line of treatment, and their condition is refractory to both daratumumab and lenalidomide, or  • they have only had 2 previous lines of treatment and their condition is refractory to lenalidomide.  Selinexor— only recommended if the company provides it according to the commercial arrangement.  | х   |   | 13/06/2024                              | 29                             | On Trust formulary for indication (MMC approved CDF Mar-24). Shared with Haematology team for information (15/05/24). Switch from CDF to routine commissioning. MMC approved switch (13/06/24).                               |

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| Atogepant for preventing migraine (TA973)   | 15/05/2024            | Atogepant – recommended as an option for preventing migraine in adults who have at least 4 migraine days per month, only if at least 3 preventive medicines have failed.  Stop atogepant after 12 weeks if the frequency of migraines does not reduce by:  • at least 50% in episodic migraine (defined as fewer than 15 headache days per month)  • at least 30% in chronic migraine (defined as 15 or more headache days per month, with at least 8 of those having features of migraine).  | x                                  |   | 11/07/2024                              | 57                             | Not on Trust formulary for indication. Shared with Neurology teams for information (15/05/24). Fast-track requested. MMC approved (11/07/24).  |
| Sirolimus for treating facial angiofibroma caused by tuberous sclerosis complex in people 6 years and over (TERMINATED APPRAISAL) (TA972) | 22/05/2024            | Sirolimus – NOT RECOMMENDED for treating facial angiofibroma caused by tuberous sclerosis complex in people 6 years and over. This is because Plusultra pharma will review and revise its evidence submission to NICE.  |                                    | х   | 03/07/2024                              | 42                             | On Trust formulary for indication. Shared with Dermatology teams for information (22/05/24). Removed from formulary for new patients (03/07/24).   |
| Remdesivir and tixagevimab plus cilgavimab for treating COVID-19 (TA971)  | 08/05/2024            | Remdesivir – recommended as an option for treating COVID 19 in hospitals in:  a adults, only if they have a high risk of serious illness (risk factors as defined in section 5 of NICE TA878).  babies, children and young people, only if they:  o are aged 4 weeks to 17 years and weigh at least 3 kg, and:  have pneumonia, and  need supplemental oxygen, or  o weigh at least 40 kg, and have a high risk of serious illness (risk factors as defined in section 5 of NICE TA878).  Remdesivir is only recommended if the company provides it according to the commercial arrangement.  Tixagevimab plus cilgavimab – NOT RECOMMENDED for treating COVID 19 in adults who do not need supplemental oxygen and who have an increased risk of progression to severe COVID 19. | х                                  |   | 23/05/2024                              | 15                             | On Trust formulary for indication. Shared with Antimicrobial teams for information (25/04/24). Updated fast-track submitted. MMC Chair approved (23/05/24). MMC approved (13/06/24).                                   |
| Selinexor with dexamethasone for treating relapsed or refractory multiple myeloma after 4 or more treatments (TA970)                      | 08/05/2024            | Selinexor plus dexamethasone— recommended, within its marketing authorisation, for treating multiple myeloma in adults when:  • they have had 4 or more treatments, and  • the condition is refractory to at least 2 proteasome inhibitors, 2 immunomodulatory agents and an anti CD38 monoclonal antibody (penta-refractory), and  • the condition has progressed on the last treatment, and  • the company provides it according to the commercial arrangement.   | х                                  |   | 13/06/2024                              | 36                             | Not on Trust formulary for indication. Shared with Haematology teams for information (08/05/24). Fast-track submitted. MMC approved (13/06/24).  |
| Gefapixant for treating refractory or unexplained chronic cough (TERMINATED APPRAISAL) (TA969)  | 30/04/2024            | Gefapixant – NOT RECOMMENDED for treating refractory or unexplained chronic cough. This is because Merck Sharp & Dohme has confirmed that it does not intend to make an evidence submission for the appraisal. Merck Sharp & Dohme considers that there is not enough evidence to provide an evidence submission for this appraisal. This is because of a lack of evidence on healthcare resource use during diagnosis and treatment of refractory or unexplained chronic cough.  |                                    | х   | 09/05/2024                              | 9                              | Not on Trust formulary. Shared with Respiratory teams for information (25/04/24). N/A, not recommended by NICE. MMC deemed N/A (09/05/24).   |
| Melphalan flufenamide with dexamethasone for treating relapsed or refractory multiple myeloma (TERMINATED APPRAISAL) (TA968)              | 25/04/2024            | Melphalan flufenamide with dexamethasone – NOT RECOMMENDED for treating relapsed or refractory multiple myeloma in adults. This is because Oncopeptides has confirmed that it does not intend to make an evidence submission for the appraisal. Oncopeptides considers that it has not yet been able to develop a cost-effectiveness model or complete the required literature reviews or indirect comparisons. So, it is uncertain whether it can make a high-quality submission at this time.   |                                    | х   | 09/05/2024                              | 14                             | Not on Trust formulary. Shared with Haem team for information (25/04/24). N/A, not recommended by NICE. MMC deemed N/A (09/05/24).   |
| Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma in people 3 years and over (TA967)                           | 01/05/2024            | Pembrolizumab – recommended as an option for treating relapsed or refractory classical Hodgkin lymphoma in people 3 years and over who have had at least 2 previous treatments and cannot have an autologous stem cell transplant (ASCT). It is recommended only if:  • they have already had brentuximab vedotin and • pembrolizumab is stopped after 2 years of treatment or earlier if the person has a stem cell transplant or the disease progresses and • the company provides it according to the commercial arrangement.  | х                                  |   | 09/05/2024                              | 8                              | On MFT formulary in line with TA540 (CDF). Shared with Haem team. Adults to confirm CDF switch to routine commissioning. Paeds team to submit fast-track. MMC approved CDF switch to routine commissioning (09/05/24). |

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|   |                       |   | <b>Yes</b><br>(mark 'x' if<br>applicable) | N/A<br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(davs)     | Notes (e.g. rationale, method of making available)  |  |
| Pembrolizumab with gemcitabine and cisplatin for untreated advanced biliary tract cancer (TERMINATED APPRAISAL) (TA966)   |                       | Pembrolizumab with gemcitabine and cisplatin – NOT RECOMMENDED for untreated advanced biliary tract cancer in adults. This is because Merck Sharp & Dohme has confirmed that it does not intend to make an evidence submission for the appraisal. Merck Sharp & Dohme considers that the technology will not be launched in the UK for treating this indication.  |   | х                                  | 09/05/2024                              | 15                                 | Not on Trust formulary. Shared with Hepatology / HPB teams (28/03/24). N/A, not recommended by NICE. MMC deemed N/A (09/05/24).                             |  |
| Cabozantinib with nivolumab for untreated advanced renal cell carcinoma (TA964)   |                       | Cabozantinib with nivolumab— recommended as an option for untreated advanced renal cell carcinoma in adults, only if:  • their disease is intermediate or poor risk as defined in the International Metastatic Renal Cell Carcinoma Database Consortium criteria, and  • nivolumab with ipilimumab or lenvatinib with pembrolizumab would otherwise be offered, and  • the companies provide cabozantinib and nivolumab according to their commercial arrangements. |   | x                                  | 09/05/2024                              | 29                                 | Not on Trust formulary. Shared with Renal team for information (10/04/24). RCC treated at Christie Hospital. MMC deemed N/A (09/05/24).                     |  |
| Dostarlimab with platinum-based chemotherapy for treating advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency (TA963) |                       | Dostarlimab with platinum-based chemotherapy – recommended with managed access as an option for treating primary advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency in adults who are candidates for systemic therapy. It is only recommended if the conditions in the managed access agreement for dostarlimab are followed.  |   | х                                  | 11/04/2024                              | 8                                  | On Trust formulary (not stocked). Shared with Gynaecology teams (03/04/24). N/A MFT, patients referred to the Christie Hospital. MMC deemed N/A (11/04/24). |  |
|   |                       | TOTAL   | 45  | 43                                 |   |                                    |   |  |
|   |                       |   | % "Yes"                                   | % "N/A"                            | _                                       | Average<br>implement<br>time(days) |   |  |
| Adherence statistics for 2024-25  |                       |   | 51%                                       | 49%                                |   | 24                                 |   |  |



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| 2023-24  |                       |  |                                    |   |   |                                |   |
| Human alpha1-proteinase inhibitor for treating emphysema (TERMINATED APPRAISAL) (TA965)  | 28/03/2024            | Human alpa1 proteinase inhibitor— NOT RECOMMENDED for treating emphysema in the NHS. CSL Behring UK has confirmed that it does not intend to launch the product in England and Wales. The reasons for this decision are primarily related to the company's inability to offer the product at a price to meet the current threshold of cost effectiveness. The context for this decision is important, and related to the unique, complex and high-cost nature of plasma-derived therapy production. If the company wishes to make a submission to NICE in the future for this topic it will be rescheduled back into the work programme. |                                    | x   | 11/04/2024                              | 14                             | Not on Trust formulary. Shared with Respiratory team (28/03/24). N/A, not recommended by NICE. MMC deemed N/A (11/04/24).                       |
| Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy (updates & replaces TA598) (TA962) | 28/03/2024            | Olaparib – recommended, within its marketing authorisation, as an option for maintenance treatment of BRCA mutation-positive, advanced (FIGO stages 3 and 4), high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to first-line platinum-based chemotherapy in adults. It is only recommended if the company provides it according to the commercial arrangement.  |                                    | х   | 11/04/2024                              | 14                             | Not on Trust formulary for this indication. Shared for information with Gynaecology team (28/03/24). MMC deemed N/A (11/04/24).                 |
| Sebelipase alfa for treating lysosomal acid lipase deficiency that is not Wolman disease (TERMINATED APPRAISAL) (TA961)  | 28/03/2024            | Sebelipase alfa – NOT RECOMMENDED for treating lysosomal lipase deficiency that is not Wolman disease. The Wolman disease population was evaluated separately in NICE highly specialised technology guidance on sebelipase alfa (HST30). The cost effectiveness of the remaining non-Wolman population has not been demonstrated at this stage.  |                                    | х   | 11/04/2024                              | 14                             | Not on Trust formulary for this indication. Shared with Metabolic LSD team (20/03/24). N/A, not recommended by NICE. MMC deemed N/A (11/04/24). |
| Satralizumab for preventing relapses in<br>neuromyelitis optica spectrum disorders<br>(TERMINATED APPRAISAL) (TA960)   | 27/03/2024            | Satralizumab – NOT RECOMMENDED for preventing relapses in neuromyelitis optica spectrum disorders. This is because Roche Products has confirmed that it does not intend to make an evidence submission for the appraisal. Roche Products considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources for this population.  |                                    | х   | 11/04/2024                              | 15                             | Not on Trust formulary for this indication. Shared with Metabolic LSD team (20/03/24). N/A, not recoomended by NICE. MMC deemed N/A (11/04/24). |
| <b>Daratumumab</b> in combination for treating<br>newly diagnosed systemic amyloid light-chain<br>amyloidosis ( <b>TA959</b> )   | 27/03/2024            | Daratumumab plus bortezomib, cyclophosphamide and dexamethasone— recommended as an option for treating newly diagnosed systemic amyloid light-chain (AL) amyloidosis in adults. It is recommended only if:  daratumumab is stopped after 24 cycles of treatment, or earlier if the condition progresses, and the company provides daratumumab according to the commercial arrangement.   | х                                  |   | 14/03/2024                              | -13                            | Not on Trust formulary for this indication. Shared with Haematology team (20/03/24). Fast-track submitted (21/02/24). MMC approved (14/03/24).  |
| <b>Ritlecitinib</b> for treating severe alopecia areata in people 12 years and over ( <b>TA958</b> )   | 27/03/2024            | Ritlecitinib – recommended, within its marketing authorisation, as an option for treating severe alopecia areata in people 12 years and over. Ritlecitinib is only recommended if the company provides it according to the commercial arrangement.   |                                    | х   | 09/05/2024                              | 43                             | Not on Trust formulary. Shared with Dermatology team (27/03/24). PMMC approved at May-24 meeting (09/05/24). MMC approved Nov-24.               |
| Momelotinib for treating myelofibrosis-related splenomegaly or symptoms (TA957)  | 20/03/2024            | Momelotinib – recommended as an option for treating myelofibrosis-related splenomegaly or symptoms in adults with moderate to severe anaemia who have not had a JAK inhibitor or have had ruxolitinib, only if:  • they have intermediate 2 or high-risk myelofibrosis, and • the company provides momelotinib according to the commercial arrangement.  | х                                  |   | 14/03/2024                              | -6                             | Not on Trust formulary. Shared for info with Haematology team (20/03/24). Fast-track submitted (21/02/24). MMC approved (14/03/24).             |
| Etrasimod for treating moderately to severely active ulcerative colitis in people aged 16 and over (TA956)   | 11/03/2024            | Etrasimod – recommended, within its marketing authorisation, as an option for moderately to severely active ulcerative colitis in people aged 16 years and over when:  • conventional or biological treatments cannot be tolerated or  • the condition has not responded well enough, or lost response to treatment.  Etrasimod is only recommended if the company provides it according to the commercial arrangement.  | х                                  |   | 14/03/2024                              | 3                              | Not on Trust formulary. Shared with IBD team (11/03/24). Fast-track submitted. MMC approved (14/03/24).   |

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|   |                       | , and the second | <b>Yes</b><br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(davs) | Notes (e.g. rationale, method of making available)   |
| <b>Dupilumab</b> for treating moderate to severe prurigo nodularis ( <b>TA955</b> )   | 13/03/2024            | <b>Dupilumab – NOT RECOMMENDED</b> , within its marketing authorisation, for treating moderate to severe prurigo nodularis in adults when systemic treatment is suitable.  |   | x   | 11/04/2024                              | 29                             | Not on Trust formulary. Shared for info with Dermatology team (13/03/24). N/A, not recommended by NICE. MMC deemed N/A, (11/04/24).  |
| <b>Epcoritamab</b> for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments ( <b>TA954</b> )                                     | 06/03/2024            | Epcoritamab – recommended as an option for treating relapsed or refractory diffuse large B-cell lymphoma (DLBCL) in adults after 2 or more systemic treatments, only if:  they have had polatuzumab vedotin, or if polatuzumab vedotin is contraindicated or not tolerated, and the company provides epcoritamab according to the commercial arrangement.  | х   |   | 14/03/2024                              | 8                              | Not on Trust formulary. Shared for info with Haematology team (13/03/24). Fast-track submitted. MMC approved and added to formualry (14/03/24).                            |
| Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema (updates & replaces TA301 & TA613) (TA953)   | 13/03/2024            | Fluocinolone acetonide intravitreal implant is recommended, within its marketing authorisation, as an option for treating visual impairment caused by chronic diabetic macular oedema that has not responded well enough to available treatments in adults. It is recommended only if the company provides it according to the commercial arrangement.   | х   |   | 11/04/2024                              | 29                             | Not on Trust formulary for this indiction. Shared with DMO Ophthalmology team (13/03/24). Fast-track requested. MMC approved Apr-24 (11/04/24).                            |
| <b>Talazoparib</b> for treating HER2-negative advanced breast cancer with germline BRCA mutations ( <b>TA952</b> )  | 21/02/2024            | Talazoparib – recommended, within its marketing authorisation, for treating HER2-negative, locally advanced or metastatic breast cancer with germline BRCA1 or BRCA2 mutations in adults who have had:  an anthracycline or a taxane, or both, unless these treatments are not suitable, and  endocrine therapy if they have hormone receptor (HR)-positive breast cancer, unless this is not suitable.  Talazoparib is only recommended if the company provides it according to the commercial arrangement.   |   | х   | 14/03/2024                              | 22                             | Not on Trust formulary. Shared with Breast team (21/02/24). N/A Christie hospital. MMC deemed N/A (14/03/24).  |
| Olaparib with abiraterone for untreated hormone-relapsed metastatic prostate cancer (TA951)   | 07/02/2024            | Olaparib with abiraterone and prednisone or prednisolone — recommended, within its marketing authorisation, as an option for untreated hormone-relapsed metastatic prostate cancer in adults who cannot have or do not want chemotherapy. It is only recommended if the company provides it according to the commercial arrangements.  |   | х   | 14/03/2024                              | 36                             | Not on Trust formulary for this indication. Shared with Urology Oncology team (07/02/24). N/A patients referred to commissioned service at NCA. MMC deemed N/A (14/03/24). |
| Nivolumab–relatlimab for untreated unresectable or metastatic melanoma in people 12 years and over (TA950)  | 07/02/2024            | Nivolumab-relatlimab – recommended as an option for untreated advanced (unresectable or metastatic) melanoma in people 12 years and over, only if:  • nivolumab-relatlimab is stopped after 2 years of treatment, or earlier if the cancer progresses, and • the company provides it according to the commercial arrangement.  |   | х   | 14/03/2024                              | 36                             | Not on Trust formulary. Shared with Dermatology team (07/02/24). N/A Christie hospital. MMC deemed N/A (14/03/24).   |
| Belumosudil for treating chronic graft-versus-<br>host disease after 2 or more systemic<br>treatments in people 12 years and over (TA949)                                     | 07/02/2024            | Belumosudil – recommended, within its marketing authorisation, for treating chronic graft-versus-host disease in people 12 years and over after 2 or more systemic treatments. It is recommended only if the company provides it according to the commercial arrangement.  | х   |   | 08/02/2024                              | 1                              | Not on Trust formulary. Shared for information with Haematology team (31/01/24). Fast-track submitted 27/01/24. MMC approved (08/02/24).                                   |
| Ivosidenib for treating advanced cholangiocarcinoma with an IDH1 R132 mutation after 1 or more systemic treatments (TA948)  | 31/01/2024            | Ivosidenib – recommended, within its marketing authorisation, as an option for treating locally advanced or metastatic cholangiocarcinoma with an IDH1 R132 mutation in adults after 1 or more systemic treatments. It is only recommended if the company provides it according to the commercial arrangement.   |   | х   | 08/02/2024                              | 8                              | Not on Trust formulary. Shared with Hepatology team (31/01/24). N/A Christie hospital. MMC deemed N/A (08/02/24).  |
| Loncastuximab tesirine for treating relapsed or refractory diffuse large B-cell lymphoma and high-grade B-cell lymphoma after 2 or more systemic treatments (TA947)           | 31/01/2024            | Loncastuximab tesirine – recommended as an option for treating relapsed or refractory diffuse large B-cell lymphoma (DLBCL) and high-grade B-cell lymphoma (HGBL) after 2 or more systemic treatments in adults, only if:  • they have previously had polatuzumab vedotin, or if polatuzumab vedotin is contraindicated or not tolerated, and  • the company provides it according to the commercial arrangement.  | х   |   | 08/02/2024                              | 8                              | Not on Trust formulary. Shared for information with Haematology team (31/01/24). Fast-track submitted 27/01/24. MMC approved (08/02/24).                                   |
| Olaparib with bevacizumab for maintenance treatment of advanced high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer (updates & replaces TA693) (TA946) | 17/01/2024            | Olaparib with bevacizumab – recommended, within its marketing authorisation, for maintenance treatment of high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults whose cancer:  • has completely or partially responded after first-line platinum-based chemotherapy with bevacizumab  • is advanced (International Federation of Gynecology and Obstetrics [FIGO] stages 3 and 4) and  • is homologous recombination deficiency (HRD) positive (defined as having either a BRCA1 or BRCA2 mutation, or genomic instability).  |   | х   | 08/02/2024                              | 22                             | Not on Trust formulary for this indication. Shared with Gynaecology teams (17/01/24). N/A Christie hospital. Deemed N/A by MMC (08/02/24).                                 |

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| Treosulfan with fludarabine before allogeneic stem cell transplant for people aged 1 month to 17 years with non-malignant diseases (TERMINATED APPRAISAL) (TA945) | 30/01/2024            | Treosulfan with fludarabine — NOT RECOMMENDED before allogeneic stem cell transplant for babies, children and young people aged 1 month to 17 years with non-malignant diseases. This is because Medac Pharma has confirmed that it does not intend to make an evidence submission for the appraisal. Medac Pharma considers that because of the low price and small patient population, it cannot find an economically viable route to submission.  |   | х   | 08/02/2024                              | 9                              | Not on Trust formulary for this indication. Shared for information with Paediatric HaemOnc team (30/01/24). N/A not recommended by NICE. MMC deemed N/A (08/02/24).                  |
| <b>Durvalumab</b> with gemcitabine and cisplatin for treating unresectable or advanced biliary tract cancer ( <b>TA944</b> )                                      | 10/01/2024            | Durvalumab plus gemcitabine and cisplatin – recommended, within its marketing authorisation, as an option for treating locally advanced, unresectable, or metastatic biliary tract cancer in adults. It is only recommended if the company provides durvalumab according to the commercial arrangement.  |   | х   | 08/02/2024                              | 29                             | Not on Trust formulary for this indication. Shared with Hepatology / HPB teams (10/01/24). N/A Christie hospital. MMC deemed N/A (08/02/24).   |
| Sebelipase alfa for treating Wolman disease (HST30)   | 10/01/2024            | Sebelipase alfa— recommended as an option for long-term enzyme replacement therapy in Wolman disease (rapidly progressive lysosomal acid lipase deficiency [LAL-D]), only if people are 2 years or under when treatment starts. It is recommended only if the company provides sebelipase alfa according to the commercial arrangement.  | х   |   | 28/12/2023                              | -13                            | On trust formulary for this indication (PMMC approved 28/12/23). Shared for information with metabolic team. Chairs approval 28/012/23; PMMC approved (10/01/24)                     |
| Hybrid closed loop (HCL) systems for managing blood glucose levels in type 1 diabetes (TA943)   | 19/12/2023            | Hybrid closed loop (HCL) systems— recommended as an option for managing blood glucose levels in type 1 diabetes for adults who have an HbA1c of 58 mmol/mol (7.5%) or more, or have disabling hypoglycaemia, despite best possible management with at least 1 of the following:  • continuous subcutaneous insulin infusion (CSII)  • real-time continuous glucose monitoring  • intermittently scanned continuous glucose monitoring.  HCL systems— only recommended if they are procured at a cost-effective price agreed by the companies and NHS England, and implemented following NHS England's and NHS Wales' implementation plans.   | x   |   | 08/02/2024                              | 51                             | Not on Trust formulary. Shared with Endocrinology / diabetes and medicine teams (20/12/23). Approved MMC (08/02/24).   |
| Empagliflozin for treating chronic kidney disease (TA942)   | 20/12/2023            | Empagliflozin – recommended as an option for treating chronic kidney disease (CKD) in adults, only if:  it is an add-on to optimised standard care including the highest tolerated licensed dose of angiotensin-converting enzyme (ACE) inhibitors or angiotensin-receptor blockers (ARBs), unless these are contraindicated, and  people have an estimated glomerular filtration rate of:  20 mL/min/1.73m² to less than 45 mL/min/1.73m² or  45 mL/min/1.73m² to 90 mL/min/1.73m² and either:  a urine albumin-to-creatinine ratio of 22.6 mg/mmol or more, or  type 2 diabetes.   | x   |   | 14/03/2024                              | 85                             | Not on Trust formulary for this indication. Shared with Renal teams (20/12/23). Fast-track submitted. MMC approved and added to formulary (14/03/24).                                |
| Ravulizumab for treating AQP4 antibody-<br>positive neuromyelitis optica spectrum<br>disorder (TERMINATED APPRAISAL) (TA941)                                      | 20/12/2023            | Ravulizumab – NOT RECOMMENDED for treating aquaporin-4 (AQP4) antibody-positive neuromyelitis optica spectrum disorder. This is because Alexion Pharma UK withdrew its evidence submission for the appraisal. Alexion Pharma UK considers that the technology is unlikely to be a cost-effective use of NHS resources.   |   | х   | 11/01/2024                              | 22                             | Not on Trust formulary for this indication. Shared with Neurology and Ophthalmology teams (20/12/23). MMC deemed N/A, not recommended by NICE (11/01/24).                            |
| Ravulizumab for treating generalised myasthenia gravis (TERMINATED APPRAISAL) (TA940)   | 20/12/2023            | Ravulizumab – NOT RECOMMENDED for treating generalised myasthenia gravis. This is because Alexion Pharma UK withdrew its evidence submission for the appraisal. Alexion Pharma UK considers that the technology is unlikely to be a cost-effective use of NHS resources.   |   | х   | 11/01/2024                              | 22                             | Not on Trust formulary for this indication. Shared with Neurology and Ophthalmology teams (20/12/23). MMC deemed N/A, not recommended by NICE (11/01/24).                            |
| Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer (updates & replaces TA885) (TA939)            | 13/12/2023            | Pembrolizumab plus chemotherapy with or without bevacizumab – recommended as an option for treating persistent, recurrent or metastatic cervical cancer in adults whose tumours express PD L1 with a combined positive score of at least 1. It is recommended only if:  • pembrolizumab is stopped at 2 years of uninterrupted treatment, or earlier if the cancer progresses, and • the company provides it according to the commercial arrangements.   |   | х   | 11/01/2024                              | 29                             | Not on Trust formulary for this indication. Shared with Gynaecology team (13/12/23). N/A MFT, patients referred to the Christie. MMC deemed N/A, not recommended by NICE (11/01/24). |
| Velmanase alfa for treating alphamannosidosis (HST29)   | 13/12/2023            | Velmanase alfa is recommended as an option for treating the non-neurological signs and symptoms of mild to moderate alpha mannosidosis, only if:  • treatment is started in people under 18 years (it can be continued in people who turn 18 while on treatment)  • the company provides it according to the commercial arrangement.   | x   |   | 06/03/2024                              | 84                             | Not on Trust formulary. Shared with paediatric metabolic team (13/12/23). Fast-track requested. PMMC approved (06/03/24).  |

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| ï -  |                       |  | Yes<br>(mark 'x' if<br>applicable)   | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(davs) | Notes (e.g. rationale, method of making available)   |  |
| Dupilumab for treating eosinophilic oesophagitis in people 12 years and over (TERMINATED APPRAISAL) (TA938)  | 07/12/2023            | Dupilumab – NOT RECOMMENDED for treating eosinophilic oesophagitis in people 12 years and over. This is because Sanofi has confirmed that it does not intend to make an evidence submission for the appraisal. Sanofi considers that there is currently unlikely to be enough evidence that the technology is a cost-effective use of NHS resources for this population.   |                                      | х   | 14/12/2023                              | 7                              | Not on Trust formulary for this indication. Shared with Gastroenterology team (07/12/23). Not recommended by NICE. MMC deemed N/A (14/12/23).  |  |
| Targeted-release budesonide for treating primary IgA nephropathy (TA937)   | 20/12/2023            | Targeted-release budesonide— recommended as an option for treating primary immunoglobulin A nephropathy (IgAN) when there is a risk of rapid disease progression in adults with a urine protein-to-creatinine ratio of 1.5 g/g or more. Targeted-release budesonide is recommended only if:  • it is an add-on to optimised standard care including the highest tolerated licensed dose of angiotensin-converting enzyme (ACE) inhibitors or  • angiotensin-receptor blockers (ARBs), unless these are contraindicated  • the company provides it according to the commercial arrangement. | х                                    |   | 14/03/2024                              | 85                             | Not on Trust formulary. Shared with Renal and medicine teams (20/12/23). Fast-track submitted. MMC approved and added to formulary (14/03/24).   |  |
| Idecabtagene vicleucel for treating relapsed<br>and refractory multiple myeloma after 3 or<br>more treatments (TERMINATED APPRAISAL)<br>(TA936)      | 30/11/2023            | Idecabtagene vicleucel (Abecma) – NOT RECOMMENDED for treating relapsed and refractory multiple myeloma after 3 or more treatments in adults. This is because BMS did not provide an evidence submission. We will review this decision if the company decides to make a submission.  |                                      | х   | 14/12/2023                              | 14                             | Not on Trust formulary. Shared for information with Haematology / ATMP teams (30/11/23). Not recommended by NICE. MMC deemed N/A (14/12/23).   |  |
| Secukinumab for treating moderate to severe hidradenitis suppurativa (TA935)   | 06/12/2023            | Secukinumab – recommended as an option for treating active moderate to severe hidradenitis suppurativa (acne inversa) in adults when it has not responded well enough to conventional systemic treatment, only if:  adalimumab is not suitable, did not work or has stopped working the company provides secukinumab according to the commercial arrangements.   |                                      | х   | 11/01/2024                              | 36                             | Not on Trust formulary for this indication. Shared with Dermatology team (06/12/23). Currently N/A, no new dermatology patients being treated with biologics. MMC deemed N/A (11/01/24). |  |
| Foslevodopa–foscarbidopa for treating advanced Parkinson's with motor symptoms (TA934)   | 29/11/2023            | Foslevodopa-foscarbidopa – recommended as an option for treating advanced levodopa-responsive Parkinson's in adults whose symptoms include severe motor fluctuations and hyperkinesia or dyskinesia, when available medicines are not working well enough, only if:  • they cannot have apomorphine or deep brain stimulation, or these treatments no longer control symptoms, and  • the company provides foslevodopa-foscarbidopa according to the commercial arrangement.   | х                                    |   | 08/02/2024                              | 71                             | Not on Trust formulary. Shared with Parkinsons / Movement disorder team (29/11/23). Fast-track submitted. MMC approved (08/02/24).   |  |
| Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies (TERMINATED APPRAISAL) (TA933) | 29/11/2023            | Tisagenlecleucel— NOT RECOMMENDED for treating relapsed or refractory diffuse large B-cell lymphoma in adults after 2 or more systemic therapies. This is because Novartis has confirmed that it does not intend to make an evidence submission for the appraisal. Novartis has agreed with NICE and NHS England that a guidance update would not be a productive use of resources. Novartis considers that changes to treatment and reimbursement mean that the submission would not be viable within what NICE considers a cost-effective use of NHS resources.                          |                                      | х   | 14/12/2023                              | 15                             | Not on Trust formulary for this indication. Shared for information with Haematology / ATMP teams (29/11/23). MMC deemed N/A (14/12/23).  |  |
| Decitabine–cedazuridine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable (TERMINATED APPRAISAL) (TA932)               | 23/11/2023            | Decitabine—cedazuridine— NOT RECOMMENDED for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable. This is because Otsuka Pharmaceuticals (UK) has confirmed that it does not intend to make an evidence submission for the appraisal. Otsuka Pharmaceuticals (UK) considers that there is not enough evidence to provide an evidence submission for this appraisal.  |                                      | х   | 14/12/2023                              | 21                             | Not on Trust formulary. Shared for information with Haematology teams (23/11/23). MMC to review at Dec-23 meeting (14/12/23).  |  |
| Zanubrutinib for treating chronic lymphocytic leukaemia (TA931)  | 22/11/2023            | Zanubrutinib – recommended as an option for treating chronic lymphocytic leukaemia (CLL) in adults. It is only recommended if the CLL is:  untreated and  there is a 17p deletion or tumour protein 53 (TP53) mutation or  o there is no 17p deletion or TP53 mutation, and fludarabine plus cyclophosphamide and rituximab (FCR), or bendamustine plus rituximab (BR) is unsuitable, or  relapsed or refractory.  Zanubrutinib is recommended only if the company provides it according to the commercial arrangement.  | х                                    |   | 14/12/2023                              | 22                             | Not on Trust formulary for this indication. Shared with haematology team (22/11/23). Fast-track application submitted. MMC approved (14/12/23).  |  |
| Lutetium-177 vipivotide tetraxetan for treating PSMA-positive hormone-relapsed metastatic prostate cancer after 2 or more treatments (TA930)         | 15/11/2023            | Lutetium 177 vipivotide tetraxetan – NOT RECOMMENDED, within its marketing authorisation, for treating prostate-specific membrane antigen (PSMA)-positive hormone-relapsed metastatic prostate cancer in adults:  • after taxane-based chemotherapy and an anti-androgen or • when taxanes are 'medically unsuitable'.   |                                      | х   | 14/12/2023                              | 29                             | Not on Trust formulary. Shared for information with Urology oncology team (15/11/23). MMC deemed N/A (14/12/23).   |  |

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| Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction (TA929)   | 01/11/2023            | Empagliflozin – recommended, within its marketing authorisation, as an option for treating symptomatic chronic heart failure with preserved or mildly reduced ejection fraction in adults.   | x                                  |   | 14/12/2023                              | 43                             | Not on Trust formulary for this indication. Shared with cardiology team (01/11/23). Fast-track application submitted. MMC approved (14/12/23).   |
| <b>Cabozantinib</b> for previously treated advanced differentiated thyroid cancer unsuitable for or refractory to radioactive iodine ( <b>TA928</b> ) | 01/11/2023            | Cabozantinib – NOT RECOMMENDED, within its marketing authorisation, for treating locally advanced or metastatic differentiated thyroid cancer (DTC) that is unsuitable for or refractory to radioactive iodine, and that has progressed after systemic treatment, in adults.   |                                    | х   | 14/12/2023                              | 43                             | Not on Trust formulary for this indication. Shared for information with Head & Neck team (01/11/23). MMC deemed N/A (14/12/23).  |
| <b>Glofitamab</b> for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments ( <b>TA927</b> )              | 17/10/2023            | Glofitamab – recommended, within its marketing authorisation, as an option for treating relapsed or refractory diffuse large B cell lymphoma in adults after 2 or more systemic treatments.  Glofitamab is only recommended if the company provides it according to the commercial arrangement.  | ×                                  |   | 09/11/2023                              | 23                             | On Trust formulary (EAMS - 10/08/23). Shared with Haematology teams (17/10/23). Updated fast-track Submitted. MMC approved (09/11/23).   |
| Baricitinib for treating severe alopecia areata (TA926)   | 25/10/2023            | Baricitinib – NOT RECOMMENDED, within its marketing authorisation, for treating severe alopecia areata in adults.  |                                    | Х   | 09/11/2023                              | 15                             | Not on Trust formulary. Shared for information with Dermatology teams (25/10/23). MMC noted and deemed N/A (09/11/23).   |
| Mirikizumab for treating moderately to severely active ulcerative colitis (TA925)   | 25/10/2023            | Mirikizumab – recommended as an option for treating moderately to severely active ulcerative colitis in adults when conventional or biological treatment cannot be tolerated, or the condition has not responded well enough or lost response to treatment, only if:  • a tumour necrosis factor (TNF) alpha inhibitor has not worked (that is the condition has not responded well enough or has lost response to treatment) or  • a TNF-alpha inhibitor cannot be tolerated or is not suitable and  • the company provides it according to the commercial arrangement.   | х                                  |   | 14/12/2023                              | 50                             | Not on Trust formulary. Shared with IBD / Gastro teams (25/10/23). Fast-track submitted. MMC approved (14/12/23).  |
| Tirzepatide for treating type 2 diabetes (TA924)  | 25/10/2023            | Tirzepatide – recommended for treating type 2 diabetes alongside diet and exercise in adults when it is insufficiently controlled only if:  • triple therapy with metformin and 2 other oral antidiabetic drugs is ineffective, not tolerated or contraindicated, and  • they have a body mass index (BMI) of 35 kg/m² or more, and specific psychological or other medical problems associated with obesity, or  • they have a BMI of less than 35 kg/m², and:  o insulin therapy would have significant occupational implications, or  o weight loss would benefit other significant obesity-related complications.  Use lower BMI thresholds (usually reduced by 2.5 kg/m²) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family backgrounds.   | x                                  |   | 11/01/2024                              | 78                             | Not on Trust formulary. Shared with Diabetes, Endocrinology ant Medicine teams (25/10/23). Fast-track submitted. MMC approved (11/01/24).  |
| Tabelecleucel for treating post-transplant lymphoproliferative disorder caused by the Epstein-Barr virus (TERMINATED APPRAISAL) (TA923)               | 19/10/2023            | Tabelecleucel – NOT RECOMMENDED for treating post transplant lymphoproliferative disorder caused by the Epstein Barr virus. This is because Pierre Fabre Ltd has confirmed that it does not intend to make an evidence submission for the appraisal at this time and will review this at a later date.   |                                    | Х   | 09/11/2023                              | 21                             | Not on Trust formulary. Shared for information with Haematology and ATMP teams (23/10/23). N/A not recommended by NICE. MMC noted, deemed N/A (09/11/23).  |
| Daridorexant for treating long-term insomnia (TA922)  | 18/10/2023            | Daridorexant – recommended for treating insomnia in adults with symptoms lasting for 3 nights or more per week for at least 3 months, and whose daytime functioning is considerably affected, only if:  • cognitive behavioural therapy for insomnia (CBTi) has been tried but not worked, or  • CBTi is not available or is unsuitable.  1.2 The length of treatment should be as short as possible. Treatment with daridorexant should be assessed within 3 months of starting and should be stopped in people whose long-term insomnia has not responded adequately. If treatment is continued, assess whether it is still working at regular intervals.  | х                                  |   | 14/12/2023                              | 57                             | Not on Trust formulary for this indication. Shared with Sleep team (18/10/23). Fast-track application submitted. MMC deferred review at Nov-23 meeting (09/11/23). MMC approved for patients initiated in Primary Care (14/12/23). |
| Ruxolitinib for treating polycythaemia vera (updates & replaces TA356) (TA921)  | 18/10/2023            | Ruxolitinib – recommended, within its marketing authorisation, for treating polycythaemia vera in adults who cannot tolerate hydroxycarbamide (also called hydroxyurea) or when the condition is resistant to it. It is only recommended if the company provides it according to the commercial arrangement.   | х                                  |   | 12/10/2023                              | -6                             | On Trust formulary for this indication. MMC approved (12/10/23). Shared for information with Haematology team (18/10/23).  |

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|  |                       |  | <b>Yes</b><br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(davs) | Notes (e.g. rationale, method of making available)   |
| <b>Tofacitinib</b> for treating active ankylosing spondylitis ( <b>TA920</b> )   | 18/10/2023            | Tofacitinib – recommended as an option for treating active ankylosing spondylitis that is not controlled well enough with conventional therapy in adults, only if:  • tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough and  • the company provides tofacitinib according to the commercial arrangement.  | x   |   | 09/11/2023                              | 22                             | Not on Trust formulary for this indication. Shared with Rheumatology teams (18/10/23). Fast-track application submitted. MMC approved (09/11/23).  |
| Rimegepant for treating migraine (TA919)   | 18/10/2023            | Rimegepant – recommended as an option for the acute treatment of migraine with or without aura in adults, only if for previous migraines:  • at least 2 triptans were tried and they did not work well enough or  • triptans were contraindicated or not tolerated, and nonsteroidal anti-inflammatory drugs (NSAIDs) and paracetamol were tried but did not work well enough.   | х   |   | 11/01/2024                              | 85                             | Not on Trust formulary for this indication. Shared with Neurology teams (18/10/23). Fast-track submitted. MMC to review at Jan-24 meeting (11/01/24).  |
| <b>Bimekizumab</b> for treating axial spondyloarthritis ( <b>TA918</b> )   | 11/10/2023            | Bimekizumab – recommended as an option in adults for treating active ankylosing spondylitis (AS) when conventional therapy has not worked well enough or is not tolerated, or active non radiographic axial spondyloarthritis (nr axSpA) with objective signs of inflammation (shown by elevated C reactive protein or MRI) when non-steroidal anti inflammatory drugs (NSAIDs), have not worked well enough or are not tolerated. It is recommended only if:  • tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough, and  • the company provides it according to the commercial arrangement.   | х   |   | 09/11/2023                              | 29                             | Not on Trust formulary for this indication. Shared with Rheumatology teams (04/10/23). Fast-track application submitted. MMC approved (09/11/23).  |
| Daratumumab with lenalidomide and dexamethasone for untreated multiple myeloma when a stem cell transplant is unsuitable (TA917) | 25/10/2023            | Daratumumab with lenalidomide and dexamethasone – recommended, within its marketing authorisation, as an option for untreated multiple myeloma in adults, when an autologous stem cell transplant is unsuitable. It is only recommended if the company provides it according to the commercial arrangement.  | х   |   | 09/11/2023                              | 15                             | On Trust formulary, MMC approved CDF (Feb-18). Change from CDF to routine commissioning. MMC approved (09/11/23).  |
| Bimekizumab for treating active psoriatic arthritis (TA916)  | 04/10/2023            | Bimekizumab alone or with methotrexate— recommended as an option for treating active psoriatic arthritis (defined as peripheral arthritis with 3 or more tender joints and 3 or more swollen joints) in adults whose condition has not responded well enough to disease-modifying antirheumatic drugs (DMARDs) or who cannot tolerate them. It is recommended only if they have had 2 conventional DMARDs and:  • at least 1 biological DMARD or  • tumour necrosis factor (TNF)-alpha inhibitors are contraindicated but would otherwise be considered (as described in NICE's technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis).  Bimekizumab— recommended only if the company provides it according to the commercial arrangement. | x   |   | 09/11/2023                              | 36                             | Not on Trust formulary for this indication. Shared with Rheumatology teams (04/10/23). Fast-track application submitted. MMC approved (09/11/23).  |
| Pegunigalsidase alfa for treating Fabry disease (TA915)  | 04/10/2023            | Pegunigalsidase alfa – recommended, within its marketing authorisation, as an option for treating Fabry disease (also known as alpha-galactosidase deficiency) in adults. It is recommended only if the company provides it according to the commercial arrangement.   |   | х   | 12/10/2023                              | 8                              | Not on Trust formulary. Shared with Inherited Metabolic Disease teams (04/10/23). N/A adults, patients are treated at NCA. Paeds team preparing fast-track application. PMMC to review once submitted.   |
| Birch bark extract for treating epidermolysis bullosa (HST28)  | 20/09/2023            | Birch bark extract—recommended, within its marketing authorisation, as an option for treating partial thickness wounds associated with dystrophic and junctional epidermolysis bullosa in people aged 6 months and over. It is only recommended if the company provides it according to the commercial arrangement.  |   | х   | 04/10/2023                              | 14                             | Not on Trust formulary. Shared with Dermatology Metabolic Disease teams (20/09/23). N/A, patients are treated at one of 4 EB centres:  1)Birmingham Women's & Children's Hospital 2)Solihull Hospital 3)Great Ormond Street Hospital 4)Guy's & St Thomas' Hospital PMMC deemed N/A (04/10/23). |

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| Pembrolizumab for previously treated endometrial, biliary, colorectal, gastric or small intestine cancer with high microsatellite instability or mismatch repair deficiency (TA914)                       | 20/09/2023            | Pembrolizumab – recommended as an option for treating tumours with high microsatellite instability (MSI) or mismatch repair (MMR) deficiency in adults with:  • advanced or recurrent endometrial cancer that has progressed during or after a platinum-based therapy, who cannot have curative surgery or radiotherapy  • unresectable or metastatic gastric, small intestine or biliary cancer that has progressed during or after 1 therapy  • colorectal cancer after fluoropyrimidine combination therapy, only if they cannot have nivolumab with ipilimumab.  It is only recommended if:  • pembrolizumab is stopped at 2 years of uninterrupted treatment, or earlier if the cancer progresses, and  • the company provides it according to the commercial arrangement. |                                    | х   | 12/10/2023                              | 22                             | Not on Trust formulary for this indication. Shared for gastro, GI, colorectal and gynaecology teams (20/09/23). N/A patients treated at Christie Hospital. MMC deemed N/A (12/10/23).  |
| Mavacamten for treating symptomatic obstructive hypertrophic cardiomyopathy (TA913)   | 06/09/2023            | Mavacamten – recommended as an option for treating symptomatic obstructive hypertrophic cardiomyopathy in adults who have a New York Heart Association class of 2 to 3. It is recommended only if:  • it is an add on to individually optimised standard care that includes beta blockers, non-dihydropyridine calcium-channel blockers or disopyramide, unless these are contraindicated, and  • the company provides it according to the commercial arrangement.  | x                                  |   | 09/11/2023                              | 64                             | Not on Trust formulary. Shared with adult & paediatric cardiology teams (06/09/23). Adult fast-track submitted. MMC approved (09/11/23).   |
| Cipaglucosidase alfa with miglustat for treating late-onset Pompe disease in adults (TA912)   | 15/08/2023            | Cipaglucosidase alfa (CIPA) plus miglustat – recommended, within its marketing authorisation, as an option for treating late-onset Pompe disease in adults. It is recommended only if the company provides it according to the commercial arrangement.  | х                                  |   | 12/10/2023                              | 58                             | Not on Trust formulary. Shared with Inherited Metabolic Disorder team (15/08/23). N/A adults, treated at NCA. Paeds preparing fast-track under NHSE M4C. PMMC to review once submitted (Oct-23).   |
| Afamelanotide for treating erythropoietic protoporphyria (HST27)  | 26/07/2023            | Afamelanotide – NOT RECOMMENDED, within its marketing authorisation, for preventing phototoxicity in adults with erythropoietic protoporphyria (EPP).   |                                    | х   | 10/08/2023                              | 15                             | Not on Trust formulary. Shared for information with Inherited Metabolic Disorder / Dermatology teams (26/07/23). Patients with cutaneous porphyrias would be treated at Photobiology / Dermatology Centre at NCA. N/A, not recommended by NICE. MMC deemed N/A (10/08/23). |
| Selpercatinib for untreated RET fusion-positive advanced non-small-cell lung cancer (TA911)   | 26/07/2023            | Selpercatinib— recommended with managed access as an option for treating RET fusion-positive advanced non-small-cell lung cancer (NSCLC) in adults, only if:  • it is untreated  • the conditions in the managed access agreement for selpercatinib are followed.   | х                                  |   | 14/09/2023                              | 50                             | Not on Trust formulary for this indication. Shared with Pulmonary Oncology team (26/07/23). Fast-track submitted. MMC approved (14/09/23).   |
| Semaglutide for managing overweight and obesity in young people aged 12 to 17 years (TERMINATED APPRAISAL) (TA910)  | 13/07/2023            | Semaglutide – NOT RECOMMENDED for managing overweight and obesity in young people aged 12 to 17 years. This is because Novo Nordisk has confirmed that it does not intend to make an evidence submission for the appraisal.   |                                    | х   | 02/08/2023                              | 20                             | Not on Trust formulary for this indication. Shared with Paediatric Endocrinology team (13/07/23). N/A not recommended by NICE. PMMC deemed N/A (02/08/23).   |
| <b>Lorlatinib</b> for untreated ALK-positive advanced non-small-cell lung cancer ( <b>TA909</b> )   | 12/07/2023            | Lorlatinib— NOT RECOMMENDED, within its marketing authorisation, for treating anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) in adults who have not had an ALK inhibitor.  |                                    | х   | 10/08/2023                              | 29                             | Not on Trust formulary for this indication. Shared with Pulmonary Oncology team (12/07/23). N/A not recommended by NICE. MMC deemed N/A (10/08/23).  |
| Olaparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube or peritoneal cancer after 2 or more courses of platinum-based chemotherapy (updates & replaces TA620) (TA908) | 05/07/2023            | Olaparib – recommended as an option for the maintenance treatment of relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer in adults whose cancer has responded to platinum-based chemotherapy, only if:  • they have a BRCA1 or BRCA2 mutation  • they have had 2 or more courses of platinum-based chemotherapy  • the company provides olaparib according to the commercial arrangement.   |                                    | х   | 13/07/2023                              | 8                              | Not on Trust formulary for this indication. Shared with Gynaecology team (05/07/23). N/A MFT, patients treated at the Christie Hospital. MMC deemed N/A (13/07/23).  |

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| <b>Deucravacitinib</b> for treating moderate to severe plaque psoriasis ( <b>TA907</b> )  | 28/06/2023            | Deucravacitinib – recommended as an option for treating moderate to severe plaque psoriasis in adults, only if:  • the Psoriasis Area and Severity Index (PASI) score is 10 or more and the Dermatology Life Quality Index (DLQI) score is more than 10  • the condition has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated  • the company provides deucravacitinib according to the commercial arrangement.   |                                    | х                                  | 13/07/2023                              | 15                             | Not on Trust formulary. Shared with Dermatology and Rheumatology teams (28/06/23). N/A MFT, patients treated at NCA. MMC deemed N/A (13/07/23).                                    |
| Rimegepant for preventing migraine (TA906)  | 05/07/2023            | Rimegepant – recommended as an option for preventing episodic migraine in adults who have at least 4 and fewer than 15 migraine attacks per month, only if at least 3 preventative treatments have not worked.  |                                    | х                                  | 14/09/2023                              | 71                             | Not on Trust formulary. Shared with Neurology team (05/07/23). N/A adult patients treated at Headache Service at NCA. MMC deemed N/A (14/09/23).                                   |
| <b>Upadacitinib</b> for previously treated moderately to severely active Crohn's disease ( <b>TA905</b> )                                     | 21/06/2023            | Upadacitinib – recommended as an option for treating moderately to severely active Crohn's disease in adults, only if:  • the disease has not responded well enough or lost response to a previous biological treatment or  • a previous biological treatment was not tolerated or  • tumour necrosis factor (TNF)-alpha inhibitors are contraindicated.  Upadacitinib is only recommended if the company provides it according to the commercial arrangement.  | х                                  |                                    | 13/07/2023                              | 22                             | Not on Trust formulary for this indication. Shared with Gastroenterology team (21/06/23). Fast-track submmitted. MMC approved (13/07/23).  |
| Pembrolizumab with lenvatinib for previously treated advanced or recurrent endometrial cancer (TA904)   | 21/06/2023            | Pembrolizumab plus lenvatinib – recommended, within its marketing authorisation, for treating advanced or recurrent endometrial cancer in adults:  • whose cancer has progressed on or after platinum-based chemotherapy and  • who cannot have curative surgery or radiotherapy.  Pembrolizumab plus lenvatinib is recommended only if the companies provide them according to the commercial arrangements.  |                                    | х                                  | 13/07/2023                              | 22                             | Not on Trust formulary for this indication. Shared with Gynaecology team (21/06/23). N/A MFT, patients treated at the Christie Hospital. For review by MMC (13/07/23).             |
| <b>Darolutamide</b> with androgen deprivation therapy and docetaxel for treating hormonesensitive metastatic prostate cancer ( <b>TA903</b> ) | 21/06/2023            | Darolutamide with docetaxel— recommended, within its marketing authorisation, as an option for treating hormone-sensitive metastatic prostate cancer in adults. Darolutamide is only recommended if the company provides it according to the commercial arrangement.  |                                    | х                                  | 13/07/2023                              | 22                             | Not on Trust formulary. Shared with Urology team (21/06/23). N/A MFT, patients treated at NCA / Christie Hospital. MMC deemed N/A (13/07/23).                                      |
| Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction (TA902)                                   | 21/06/2023            | Dapagliflozin – recommended, within its marketing authorisation, as an option for treating symptomatic chronic heart failure with preserved or mildly reduced ejection fraction in adults.  | х                                  |                                    | 14/09/2023                              | 85                             | Not on Trust formulary for this indication. Shared with Cardiology team (21/06/23). Fast-track submitted. MMC approved (14/09/23).   |
| Cemiplimab for treating recurrent or metastatic cervical cancer (TERMINATED APPRAISAL) (TA901)  | 20/06/2023            | Cemiplimab – NOT RECOMMENDED for treating recurrent or metastatic cervical cancer in adults. This is because Sanofi has confirmed that it does not intend to make an evidence submission for the appraisal. Currently, Sanofi considers that the technology will not be launched in the UK for treating this indication.  |                                    | х                                  | 13/07/2023                              | 23                             | Not on Trust formulary for this indication. Shared with Gynaecology team (20/06/23). N/A MFT, not recommended by NICE. MMC deemed N/A (13/07/23).                                  |
| Tixagevimab plus cilgavimab for preventing COVID-19 (TA900)   | 14/06/2023            | Tixagevimab plus cilgavimab – NOT RECOMMENDED for the pre exposure prophylaxis of COVID 19 in adults who are not currently infected with SARS CoV 2 and who have not had a known recent exposure to someone infected with SARS CoV 2, and:  • who are unlikely to have an adequate immune response to COVID 19 vaccination, or  • for whom COVID 19 vaccination is not recommended.   |                                    | х                                  | 13/07/2023                              | 29                             | Not on Trust formulary. Shared with Antimicrobial team for info (14/06/23). N/A not recommended by NICE. MMC deemed N/A (13/07/23).  |
| Esketamine for treating major depressive disorder in adults at imminent risk of suicide (TERMINATED APPRAISAL) (TA899)                        | 06/06/2023            | Esketamine— NOT RECOMMENDED for treating major depressive disorder in adults at imminent risk of suicide. This is because Janssen has confirmed that it does not intend to make an evidence submission for the appraisal at this time. Janssen considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources for this population.   |                                    | х                                  | 13/07/2023                              | 37                             | Not on Trust formulary. Shared with Emergency Medicine, Medicine and Mental Health teams for info (12/06/23). N/A not recommended by NICE. MMC deemed N/A (13/07/23).              |
| <b>Dabrafenib</b> plus trametinib for treating BRAF<br>V600 mutation-positive advanced non-small-<br>cell lung cancer ( <b>TA898</b> )        | 14/06/2023            | Dabrafenib plus trametinib— recommended as an option for treating BRAF V600 mutation-positive advanced non-small-cell lung cancer (NSCLC) in adults, only if:  • it is used as first-line treatment of advanced stage cancer, and  • the company provides it according to the commercial arrangement.   | х                                  |                                    | 13/07/2023                              | 29                             | On Trust formulary for this indication (interim covid treatment 11/02/21). Shared with Pulmonary Oncology team (14/06/23). Fast track submitted. MMC approved (13/07/23).          |
| <b>Daratumumab</b> with bortezomib and dexamethasone for previously treated multiple myeloma (updates & replaces TA573) ( <b>TA897</b> )      | 06/06/2023            | Daratumumab with bortezomib and dexamethasone— recommended as an option for treating multiple myeloma in adults, only if they have had just 1 previous line of treatment and:  ■ it included lenalidomide or  ■ lenalidomide is unsuitable as a second-line treatment and  ■ the company provides it according to the commercial arrangement.   | х                                  |                                    | 13/07/2023                              | 37                             | On Trust formulary for this indication (TA573 - 11/04/19). Shared with Haematology team (12/06/23). Confirmation use will continue in line with guidance. MMC approved (13/07/23). |

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|  |                       | , , , ,  | <b>Yes</b><br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(davs) | Notes (e.g. rationale, method of making available)   |
| Bulevirtide for treating chronic hepatitis D (TA896)   | 07/06/2023            | Bulevirtide – recommended as an option for treating chronic hepatitis D in adults with compensated liver disease only if:  • there is evidence of significant fibrosis (METAVIR stage F2 or above or Ishak stage 3 or above) and  • their hepatitis has not responded to peginterferon alfa 2a (PEG IFN) or they cannot have interferon-based therapy.  Bulevirtide is only recommended if the company provides it according to the commercial arrangement.                  | х   |   | 13/07/2023                              | 36                             | Not on Trust formulary. Shared with Hepatology team (12/06/23). Fast-track submitted. MMC approved (13/07/23).   |
| Axicabtagene ciloleucel for treating relapsed or refractory diffuse large B-cell lymphoma after first-line chemoimmunotherapy (TA895)  | 07/06/2023            | Axicabtagene ciloleucel – recommended for use within the CDF as an option for treating diffuse large B cell lymphoma in adults when an autologous stem cell transplant is suitable if it:  • has relapsed within 12 months after first-line chemoimmunotherapy or  • is refractory to first-line chemoimmunotherapy.  It is recommended only if the conditions in the managed access agreement for axicabtagene ciloleucel are followed.                                     | х   |   | 13/07/2023                              | 36                             | Not on Trust formulary for this indication. Shared with Haematology team (12/06/23). ATMP committee approved. Noted at MMC (13/07/23).                                   |
| Axicabtagene ciloleucel for treating relapsed or refractory follicular lymphoma (TA894)  | 07/06/2023            | Axicabtagene ciloleucel – NOT RECOMMENDED, within its marketing authorisation, for treating relapsed or refractory follicular lymphoma after 3 or more systemic treatments in adults.  |   | x   | 13/07/2023                              | 36                             | Not on Trust formulary for this indication. Shared with Haematology team (12/06/23). N/A, not recommended by NICE. N/A, noted by MMC (13/07/23).                         |
| Brexucabtagene autoleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 26 years and over (TA893) | 07/06/2023            | Brexucabtagene autoleucel – recommended for use within the CDF as an option for treating relapsed or refractory B cell acute lymphoblastic leukaemia in people 26 years and over. It is recommended only if the conditions in the managed access agreement for brexucabtagene autoleucel are followed.   | х   |   | 13/07/2023                              | 36                             | Not on Trust formulary for this indication. Shared with Haematology team (12/06/23). ATMP committee approved. Noted at MMC (13/07/23).                                   |
| Mosunetuzumab for treating relapsed or refractory follicular lymphoma (TA892)  | 31/05/2023            | Mosunetuzumab – NOT RECOMMENDED for treating relapsed or refractory follicular lymphoma in adults who have had 2 or more systemic therapies.   |   | х   | 08/06/2023                              | 8                              | Not on Trust formulary. Shared with Haematology team (31/05/23). N/A, not recommended by NICE . MMC deemed N/A (08/06/23).   |
| Ibrutinib with venetoclax for untreated chronic lymphocytic leukaemia (TA891)  | 31/05/2023            | Ibrutinib plus venetoclax— recommended as an option for untreated chronic lymphocytic leukaemia (CLL) in adults. This is only if the companies provide both drugs according to the commercial arrangements.  | х   |   | 13/07/2023                              | 29                             | Not on Trust formulary for this indication. Shared with Haematology team (31/05/23). Fast-track submitted. MMC approved (13/07/23).                                      |
| Difelikefalin for treating pruritus in people having haemodialysis (TA890)   | 17/05/2023            | Difelikefalin – recommended for treating moderate to severe pruritus in adults with chronic kidney disease (CKD) having in-centre haemodialysis. Difelikefalin is only recommended if the company provides it according to the commercial arrangement.   | х   |   | 10/08/2023                              | 85                             | Not on Trust formulary. Shared with Renal team (17/05/23). Fast-track submitted. MMC approved (10/08/23)   |
| Ciltacabtagene autoleucel for treating relapsed or refractory multiple myeloma (TERMINATED APPRAISAL) (TA889)                          | 17/05/2023            | Ciltacabtagene autoleucel – NOT RECOMMENDED for treating relapsed or refractory multiple myeloma in adults. This is because Janssen withdrew its evidence submission for the appraisal. Janssen considers that the technology will not, at this time, be launched in the UK for treating this indication.  |   | х   | 08/06/2023                              | 29                             | Not on Trust formulary. Shared for information with Haematology team (17/05/23). MMC deemed N/A (08/06/23).  |
| Risankizumab for previously treated moderately to severely active Crohn's disease (TA888)  | 17/05/2023            | Risankizumab – recommended as an option for treating moderately to severely active Crohn's disease in people 16 years and over, only if:  • the disease has not responded well enough or lost response to a previous biological treatment, or • a previous biological treatment was not tolerated, or • tumour necrosis factor (TNF)-alpha inhibitors are not suitable.  Risankizumab – only recommended if the company provides it according to the commercial arrangement. | х   |   | 08/06/2023                              | 22                             | Not on Trust formulary for this indication. Shared with Gastroenterology IBD team (17/05/23). Fast-track submitted. MMC approved (08/06/23).                             |
| Olaparib for previously treated BRCA mutation-<br>positive hormone-relapsed metastatic prostate<br>cancer (TA887)                      | 10/05/2023            | Olaparib – recommended as an option for treating hormone-relapsed metastatic prostate cancer with BRCA1 or BRCA2 mutations that has progressed after a newer hormonal treatment (such as abiraterone or enzalutamide) in adults. Olaparib is only recommended if the company provides it according to the commercial arrangement.  |   | х   | 08/06/2023                              | 29                             | Not on Trust formulary for this indication. Shared with Urology team (10/05/23). N/A, patients treated at the Christie Hospital. MMC deemed N/A (08/06/23).              |
| Olaparib for adjuvant treatment of BRCA mutation-positive HER2-negative high-risk early breast cancer after chemotherapy (TA886)       | 10/05/2023            | Olaparib (alone or with endocrine therapy)— recommended as an option for the adjuvant treatment of HER2 negative high-risk early breast cancer that has been treated with neoadjuvant or adjuvant chemotherapy in adults with germline BRCA1 or 2 mutations. It is only recommended if the company provides it according to the commercial arrangement.  |   | х   | 08/06/2023                              | 29                             | Not on Trust formulary for this indication. Shared with Surgery and Breast teams (10/05/23). N/A, patients treated at the Christie Hospital . MMC deemed N/A (08/06/23). |

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|   |                       | , and the second | <b>Yes</b><br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(davs)     | <b>Notes</b> (e.g. rationale, method of making available)   |
| Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer (TA885)   | 03/05/2023            | Pembrolizumab plus chemotherapy with or without bevacizumab – recommended for use within the CDF as an option for treating persistent, recurrent or metastatic cervical cancer in adults whose tumours express PD L1 with a combined positive score (CPS) of at least 1. It is recommended only if:  • pembrolizumab is stopped at 2 years of uninterrupted treatment, or earlier if disease progresses, and  • the conditions in the managed access agreement for pembrolizumab are followed.   |   | х   | 11/05/2023                              | 8                                  | Not on Trust formulary for this indication. Shared with Gynaecology team (11/05/23). N/A, patients treated at the Christie Hospital. MMC deemed N/A (11/05/23). |
| Capmatinib for treating advanced non-small-<br>cell lung cancer with MET exon 14 skipping<br>(TERMINATED APPRAISAL) (TA884)   | 03/05/2023            | Capmatinib— NOT RECOMMENDED for treating advanced non-small-cell lung cancer with MET exon 14 skipping in adults. This is because Novartis Pharmaceuticals has confirmed that it does not intend to make an evidence submission for the appraisal at this time. Novartis Pharmaceuticals considers that the technology is unlikely to be used at this point in the treatment pathway.  |   | х   | 11/05/2023                              | 8                                  | Not on Trust formulary. Shared for info with Pulmonary Oncology team (03/05/23). Not recommended by NICE. MMC deemed N/A (11/05/23).                            |
| <b>Tafasitamab</b> with lenalidomide for treating relapsed or refractory diffuse large B-cell lymphoma ( <b>TA883</b> )   | 03/05/2023            | Tafasitamab with lenalidomide— NOT RECOMMENDED for treating relapsed or refractory diffuse large B cell lymphoma in adults who cannot have an autologous stem cell transplant.  -  |   | х   | 11/05/2023                              | 8                                  | Not on Trust formulary. Shared with Haematology teams (03/05/23). Not recommended by NICE. MMC deemed N/A (11/05/23).   |
| Voclosporin with mycophenolate mofetil for treating lupus nephritis (TA882)   | 03/05/2023            | Voclosporin with mycophenolate mofetil – recommended as an option for treating active class 3 to 5 (including mixed class 3 and 5, and 4 and 5) lupus nephritis in adults. It is only recommended if the company provides voclosporin according to the commercial arrangement.   | х   |   | 13/07/2023                              | 71                                 | Not on Trust formulary. Shared with Renal and Rheumatology teams (03/05/23). MMC approved (13/07/23).   |
| Ripretinib for treating advanced gastrointestinal stromal tumour after 3 or more treatments (TA881)   | 03/05/2023            | Ripretinib – NOT RECOMMENDED for treating advanced gastrointestinal stromal tumour (GIST) in adults after 3 or more kinase inhibitors, including imatinib.   |   | х   | 11/05/2023                              | 8                                  | Not on Trust formulary. Shared with Gastroenterology teams (03/05/23). Not recommended by NICE. MMC deemed N/A (11/05/23).                                      |
| Tezepelumab for treating severe asthma (TA880)  | 20/04/2023            | Tezepelumab – recommended as an add-on maintenance treatment option for severe asthma in people 12 years and over, when treatment with high-dose inhaled corticosteroids plus another maintenance treatment has not worked well enough. It is recommended only if people:  • have had 3 or more exacerbations in the previous year, or  • are having maintenance oral corticosteroids.  Tezepelumab is recommended only if the company provides it according to the commercial arrangement.  | х   |   | 05/07/2023                              | 76                                 | Not on Trust formulary. Shared with Respiratory teams (20/04/23). Fast-track submitted. PMMC approved (05/07/23); MMC approved (13/07/23).                      |
| Trastuzumab deruxtecan for treating HER2-<br>positive unresectable or metastatic gastric or<br>gastro-oesophageal junction cancer after anti-<br>HER2 treatment (TERMINATED APPRAISAL)<br>(TA879) | 06/04/2023            | Trastuzumab deruxtecan — NOT RECOMMENDED for treating HER2 positive unresectable or metastatic gastric or gastro-oesophageal junction cancer after a previous anti HER2 based regimen in adults. This is because Daiichi Sankyo UK has confirmed that it does not intend to make an evidence submission for the appraisal at this time. Daiichi Sankyo UK considers that collecting further evidence from the DESTINY-Gastric clinical trials will allow them to provide a more comprehensive evidence submission for this appraisal.  |   | х   | 20/04/2023                              | 14                                 | Not on Trust formulary. Shared with Gastroenterology teams (06/04/23). Not recommended by NICE. MMC deemed N/A (20/04/23).                                      |
|   |                       | TOTAL  | 40  | 49  |   | A.,,,,,,,,,                        |   |
|   |                       |  | % "Yes"                                   | % "N/A"                                   | -                                       | Average<br>implement<br>time(days) |   |
| Adherence statistics for 2023-24  |                       |  | 45%                                       | 55%                                       |   | 30                                 |   |



| Technology appraisal (TA)  Titles are hyperlinks to full guidance  | Date of TA | ate of TA   |                                    |   |   |                                |  |  |
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| " T  | nereuse    | marcated by their   | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |  |
| 2022-23  Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 (TA878) | 29/03/2023 | Nirmatrelvir plus ritonavir – recommended as an option for treating COVID 19 in adults, only if they:  do not need supplemental oxygen for COVID 19 and  have an increased risk for progression to severe COVID 19, as defined in the independent advisory group report commissioned by the DHSC.  Sotrovimab – recommended as an option for treating COVID 19 in adults and young people aged 12 years and over and weighing at least 40 kg, only if:  they do not need supplemental oxygen for COVID 19 and  they have an increased risk for progression to severe COVID 19, as defined in the independent advisory group report commissioned by the DHSC and  nirmatrelvir plus ritonavir is contraindicated or unsuitable.  Sotrovimab is only recommended if the company provides it according to the commercial arrangement. Tocilizumab – recommended as an option for treating COVID 19 in adults who:  are having systemic corticosteroids and  need supplemental oxygen or mechanical ventilation.  Tocilizumab is only recommended if the company provides it according to the commercial arrangement. Casirivimab plus imdevimab – NOT RECOMMENDED for treating acute COVID 19 in adults. | x                                  |   | 08/06/2023                              | 71                             | On Trust formulary for this indication in line with NHSE interim CCP, Ronapreve not approved. Updated fast track requested (29/03/23). MMC approved (08/06/23)   |  |
| Finerenone for treating chronic kidney disease in type 2 diabetes (TA877)  | 23/03/2023 | Finerenone — recommended as an option for treating stage 3 and 4 chronic kidney disease (with albuminuria) associated with type 2 diabetes in adults. It is recommended only if:  • it is an add-on to optimised standard care; this should include, unless they are unsuitable, the highest tolerated licensed doses of:  • ACE inhibitors or ARBs and • SGLT2 inhibitors and  • the person has an eGFR of 25 mL/min/1.73 m² or more.  | х                                  |   | 08/06/2023                              | 77                             | Not on Trust formulary. Shared with Renal and Diabetes teams (23/03/23). Fast track requested. Awaiting submission.  |  |
| <b>Nivolumab</b> with chemotherapy for neoadjuvant treatment of resectable non-small-cell lung cancer ( <b>TA876</b> )     | 22/03/2023 | Nivolumab with chemotherapy – recommended as an option for the neoadjuvant treatment of resectable (tumours at least 4 cm or node positive) non-small-cell lung cancer (NSCLC) in adults. It is only recommended if the company provides it according to the commercial arrangement.  | х                                  |   | 09/03/2023                              | -13                            | Not on Trust formulary for this indication. Pulmonary Oncology team submitted fast track (24/02/23). MMC approved (09/02/23), fully ratified (22/03/23).   |  |
| Semaglutide for managing overweight and obesity (TA875)  | 08/03/2023 | Semaglutide — recommended as an option for weight management, including weight loss and weight maintenance, alongside a reduced-calorie diet and increased physical activity in adults, only if:  ■ it is used for a maximum of 2 years, and within a specialist weight management service providing multidisciplinary management of overweight or obesity (including but not limited to tiers 3 and 4), and  ■ they have at least 1 weight-related comorbidity and:  □ a body mass index (BMI) of at least 35.0 kg/m², or  □ a BMI of 30.0 kg/m² to 34.9 kg/m² and meet the criteria for referral to specialist weight management services in NICE's guideline on obesity.  Use lower BMI thresholds (usually reduced by 2.5 kg/m²) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family backgrounds.  |                                    | x   | 20/04/2023                              | 43                             | Not on Trust formulary for this indication. Shared with Diabetes & Medicine teams (20/04/23). No commissioned Tier 3 weight management service. Patients to be referred to NCA. MMC deemed N/A (20/04/23). |  |

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|   |                       |   | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)  |
| Polatuzumab vedotin in combination for untreated diffuse large B-cell lymphoma (TA874)  | 01/03/2023            | Polatuzumab vedotin with rituximab, cyclophosphamide, doxorubicin & prednisolone (R CHP) — recommended for untreated diffuse large B-cell lymphoma (DLBCL) in adults, only if  they have an International Prognostic Index (IPI) score of 2 to 5  the company provides it according to the commercial arrangement.  | х                                  |   | 20/04/2023                              | 50                             | Not on Trust formulary for this indication. Shared with Haematology teams (01/03/23). Fast-track submitted (10/03/23). MMC approved (20/04/23).   |
| Cannabidiol for treating seizures caused by tuberous sclerosis complex (TA873)  | 01/03/2023            | Cannabidiol — recommended as an add-on treatment option for seizures caused by tuberous sclerosis complex in people aged 2 years and over, only if:  • their seizures are not controlled well enough by 2 or more antiseizure medications (either used alone or in combination) or these treatments were not tolerated  • seizure frequency is checked every 6 months, and cannabidiol is stopped if the frequency has not fallen by at least 30% compared with the 6 months before starting treatment  • the company provides cannabidiol according to the commercial arrangement. | х                                  |   | 05/04/2023                              | 35                             | Not on Trust formulary for this indication. Contacted Neurology teams (01/03/23). Fast-track submitted (01/03/23). PMMC approved (05/04/23).  |
| Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies (updates & replaces TA559)(TA872) | 28/02/2023            | Axicabtagene ciloleucel — recommended as an option for treating relapsed or refractory diffuse large B-cell lymphoma or primary mediastinal large B-cell lymphoma in adults after 2 or more systemic therapies. It is recommended only if the company provides axicabtagene ciloleucel according to the commercial arrangement.   | х                                  |   | 09/03/2023                              | 9                              | On Trust formulary in line with TA559 (Feb-19). Shared with Haematology teams (28/02/23). Confirmation of switch from CDF to routine commissioning. Noted at MMC (09/03/23).                                  |
| Eptinezumab for preventing migraine (TA871)   | 01/03/2023            | Eptinezumab – recommended as an option for preventing migraine in adults, only if:  • they have 4 or more migraine days a month  • at least 3 preventive drug treatments have failed and  • the company provides it according to the commercial arrangement   |                                    | х   | 09/03/2023                              | 8                              | Not on Trust formulary. Shared with Neurology teams (01/03/23). Adults - N/A, patients treated a NCA. Paeds - not required. MMC deemed N/A (09/03/23).  |
| Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (updates & replaces TA505) (TA870)  | 22/02/2023            | Ixazomib, with lenalidomide and dexamethasone – recommended as an option for treating multiple myeloma in adults, only if:  • they have had 2 or 3 lines of therapy and  • the company provides ixazomib according to the commercial arrangement.   | х                                  |   | 09/03/2023                              | 15                             | On Trust formulary in line with TA505 (Feb-18). Shared with Haematology teams (20/02/23). Confirmation of switch from CDF to routine commissioning. Noted at MMC (09/03/23).                                  |
| Teclistamab for treating relapsed or refractory multiple myeloma after 3 or more therapies (TERMINATED APPRAISAL) (TA869)   | 15/02/2023            | Teclistamab – NOT RECOMMENDED for treating relapsed or refractory multiple myeloma in adults after 3 or more therapies. This is because Janssen has confirmed that it does not intend to make an evidence submission for the appraisal. Janssen considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources for this population.  |                                    | х   | 09/03/2023                              | 22                             | Not on Trust formulary. Shared with Haematology teams (20/02/23). Not recommended by NICE. MMI deemed N/A (09/03/23).   |
| Vutrisiran for treating hereditary transthyretin-<br>related amyloidosis (TA868)  | 16/02/2023            | Vutrisiran – recommended as an option for treating hereditary transthyretin-related amyloidosis in adults with stage 1 or stage 2 polyneuropathy. It is only recommended if the company provides vutrisiran according to the commercial arrangement.  |                                    | х   | 09/03/2023                              | 21                             | Not on Trust formulary. Shared with Haematology & Cardiology teams (20/02/23). Patients are referred for treatment to the National Amyloidosis Centre a Royal Free Hospital (UCL). MMC deemed N/A (09/03/23). |
| Mitapivat for treating pyruvate kinase deficiency (TERMINATED APPRAISAL) (TA867)  | 16/02/2023            | Mitapivat – NOT RECOMMENDED for treating pyruvate kinase deficiency in adults. Agios has confirmed that it does not intend to make an evidence submission for the appraisal. This is because the technology will not be launched in the UK at this time for treating this indication.   |                                    | х   | 09/03/2023                              | 21                             | Not on Trust formulary. Shared with Haematolog teams (20/02/23). Not recommended by NICE. MM deemed N/A (09/03/23).   |
| Regorafenib for previously treated metastatic colorectal cancer (TA866)   | 08/02/2023            | Regorafenib – recommended as an option for metastatic colorectal cancer in adults who have had previous treatment (including fluoropyrimidine-based chemotherapy, anti VEGF therapy and anti EGFR therapy) or when these treatments are unsuitable. Regorafenib is only recommended if the company provides it according to the commercial arrangement).  |                                    | х   | 09/03/2023                              | 29                             | Not on Trust formulary for this indication. Contacte<br>Gastro / Colorectal teams (08/02/23). MFT, patient<br>referred to the Christie for this indication. MMC<br>deemed N/A (09/03/23)                      |
| Nivolumab with fluoropyrimidine- and platinum-based chemotherapy for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma (TA865)            | 08/02/2023            | Nivolumab with fluoropyrimidine-based and platinum-based combination chemotherapy—recommended as an option for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma in adults whose tumours express PD L1 at a level of 1% or more. It is recommended only if:  pembrolizumab plus chemotherapy is not suitable  the company provides nivolumab according to the commercial arrangement.   |                                    | х   | 09/03/2023                              | 29                             | Not on Trust formulary for this indication. Contacted Upper GI team (08/02/23). MFT, patients referred the Christie for this indication. For MMC deemed N/A (09/03/23).                                       |

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|  |                       | ,,   | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)  |
| Nintedanib for treating idiopathic pulmonary<br>fibrosis when forced vital capacity is above<br>80% predicted (partially replaces TA379)<br>(TA864)  | 01/02/2023            | Nintedanib – recommended as an option for treating idiopathic pulmonary fibrosis in adults, only if:  • they have a forced vital capacity of above 80% predicted  • the company provides it according to the commercial arrangement.   | х                                  |   | 09/03/2023                              | 36                             | Not on Trust formulary for this indication. Contacted ILD teams (02/02/23). Fast-track submitted (13/02/23). MMC approved (09/03/23).   |
| Somatrogon for treating growth disturbance in people 3 years and over (TA863)  | 01/02/2023            | Somatrogon – recommended as an option for treating growth disturbance caused by growth hormone deficiency in children and young people aged 3 years and over.  | х                                  |   | 05/04/2023                              | 63                             | Not on Trust formulary. Shared with Endocrinology teams (02/02/23). Fast track submitted (10/03/23). PMMC approved (Apr-23).  |
| Trastuzumab deruxtecan for treating HER2-<br>positive unresectable or metastatic breast<br>cancer after 1 or more anti-HER2 treatments<br>(TA862)  | 01/02/2023            | Trastuzumab deruxtecan – recommended with managed access as an option for treating HER2 positive unresectable or metastatic breast cancer after 1 or more anti-HER2 treatments in adults. It is only recommended if the conditions in the managed access agreement for trastuzumab deruxtecan are followed.  |                                    | х   | 09/02/2023                              | 8                              | Not on Trust formulary for this indication. Contacted Surgery & Breast teams (02/02/23). MFT, patients referred to the Christie for this indication. MMC deemed N/A (09/02/23). |
| Upadacitinib for treating active non-radiographic axial spondyloarthritis (TA861)  | 01/02/2023            | Upadacitinib – recommended as an option for treating active non-radiographic axial spondyloarthritis with objective signs of inflammation (shown by elevated C-reactive protein or MRI) that is not controlled well enough with non-steroidal anti-inflammatory drugs (NSAIDs) in adults. It is recommended only if:  * tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough and  * the company provides upadacitinib according to the commercial arrangement. | х                                  |   | 09/03/2023                              | 36                             | Not on Trust formulary. Shared with Rheumatology teams (02/02/23). Fast track submitted (16/02/23). MMC approved (09/03/23).  |
| Maribavir for treating refractory cytomegalovirus infection after transplant (TA860)   | 18/01/2023            | Maribavir – recommended as an option for treating cytomegalovirus (CMV) infection that is refractory to treatment including cidofovir, foscarnet, ganciclovir or valganciclovir in adults who have had a haematopoietic stem cell transplant or solid organ transplant. It is recommended only if the company provides it according to the commercial arrangement.   | х                                  |   | 09/02/2023                              | 22                             | Not on Trust formulary. Shared with Haematology and Transplant teams (18/01/23). Fast track submitted (25/01/23). MMC approved (09/02/23).                                      |
| Angiotensin II for treating vasosuppressor-<br>resistant hypotension caused by septic or<br>distributive shock (TERMINATED APPRAISAL)<br>(TA859)   | 16/01/2023            | Angiotensin II— NOT RECOMMENDED for treating vasosuppressor-resistant hypotension caused by septic or distributive shock. This is because Paion AG has confirmed that it does not intend to make an evidence submission for the appraisal. Paion AG considers that there are likely low numbers of people who would be eligible for treatment because of the likely positioning in the treatment pathway for this condition.   |                                    | х   | 09/02/2023                              | 24                             | Not on Trust formulary. Shared with Intensive Care, Cardiology and Medicine Teams (01/12/22). Not recommended by NICE. MMC deemed N/A (09/02/23).                               |
| <b>Lenvatinib</b> with pembrolizumab for untreated advanced renal cell carcinoma ( <b>TA858</b> )  | 11/01/2023            | Lenvatinib with pembrolizumab – recommended as an option for untreated advanced renal cell carcinoma in adults, only if:  • their disease is intermediate or poor risk as defined in the International Metastatic Renal Cell Carcinoma Database Consortium criteria and  • nivolumab with ipilimumab would otherwise be offered and  • the companies provide lenvatinib and pembrolizumab according to the commercial arrangements.  |                                    | х   | 09/02/2023                              | 29                             | Not on Trust formulary for this indication. Contacted Renal team (11/01/23). MFT, patients referred to the Christie for this indication. MMC deemed N/A (09/02/23).             |
| <b>Nivolumab</b> with platinum- and fluoropyrimidine-based chemotherapy for untreated HER2-negative advanced gastric, gastro-oesophageal junction or oesophageal adenocarcinoma ( <b>TA857</b> ) | 11/01/2023            | Nivolumab with platinum- and fluoropyrimidine-based chemotherapy— recommended as an option for untreated HER2 negative, advanced or metastatic gastric, gastro-oesophageal junction or oesophageal adenocarcinoma in adults whose tumours express PD L1 with a combined positive score (CPS) of 5 or more. Nivolumab is only recommended if the company provides it according to the commercial arrangement.   |                                    | х   | 09/02/2023                              | 29                             | Not on Trust formulary for this indication. Contacted gastro team (11/01/23). N/A MFT, patients referred to the Christie for this indication. MMC deemed N/A (09/02/23).        |
| Upadacitinib for treating moderately to severely active ulcerative colitis (TA856)   | 04/01/2023            | Upadacitinib – recommended as an option for treating moderately to severely active ulcerative colitis in adults:  • when conventional or biological treatment cannot be tolerated, or  • if the condition has not responded well enough or has stopped responding to these treatments, and  • if the company provides upadacitinib according to the commercial arrangement.  | х                                  |   | 09/02/2023                              | 36                             | Not on Trust formulary for this indication. Contacted Gastro team (04/01/23). Fast track submitted 06/01/22. MMC approved (09/02/23).   |
| Mobocertinib for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy (TA855)   | 04/01/2023            | Mobocertinib— recommended as an option for treating locally advanced or metastatic non-small-cell lung cancer (NSCLC) after platinum-based chemotherapy in adults whose tumours have epidermal growth factor receptor (EGFR) exon 20 insertion mutations. It is recommended only if the company provides it according to the commercial arrangement.   | х                                  |   | 09/02/2023                              | 36                             | On Trust formulary for this indication (National Orbis Drug Access arrangements) (11/08/22). Updated fast track requested (04/01/23). MMC approved (09/02/23).                  |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance  | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE   |                                    |   | Adhere                                  | ence of local fe               | ormulary to NICE  |
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|  |                       |   | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)  |
| Esketamine nasal spray for treatment-resistant depression (TA854)  | 14/12/2022            | Esketamine nasal spray with a selective serotonin reuptake inhibitor (SSRI) or a serotonin-norepinephrine reuptake inhibitor (SNRI)— NOT RECOMMENDED for treatment-resistant depression that has not responded to at least 2 different antidepressants in the current moderate to severe depressive episode in adults.  |                                    | х   | 12/01/2023                              | 29                             | Not on Trust formulary for this indication. Shared for info with Emergency and CAMHS teams for info (01/12/22). Not recommended by NICE. MMC deemed N/A (12/01/23).                 |
| Avatrombopag for treating primary chronic immune thrombocytopenia (TA853)  | 15/12/2022            | Avatrombopag – recommended as an option for treating primary chronic immune thrombocytopenia (ITP) refractory to other treatments (for example, corticosteroids, immunoglobulins) in adults. It is only recommended if the company provides it according to the commercial arrangement.   | х                                  |   | 04/01/2023                              | 20                             | Not on Trust formulary for this indication. Contacted Haematology team (15/12/22). Fast track submitted (04/01/23). Approved MMC Chairs action (04/01/23). MMC approved (12/01/23). |
| Trifluridine—tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more treatments (replacing TA669) (TA852) | 14/12/2022            | Trifluridine—tipiracil— recommended as an option for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma in adults who have had 2 or more treatment regimens. It is only recommended if the company provides trifluridine—tipiracil according to the commercial arrangement.   |                                    | х   | 12/01/2023                              | 29                             | Not on Trust formulary for this indication. Contacted Gastro team (14/12/22). N/A MFT, patients referred to the christie Hospital. MMC deemed N/A (12/01/23).                       |
| Pembrolizumab for neoadjuvant and adjuvant treatment of triple-negative early or locally advanced breast cancer (TA851)  | 14/12/2022            | Pembrolizumab – recommended as an option with chemotherapy for neoadjuvant treatment and then continued alone as adjuvant treatment after surgery for adults with triple-negative:  • early breast cancer at high risk of recurrence or  • locally advanced breast cancer.  It is recommended only if the company provides pembrolizumab according to the commercial arrangement.         |                                    | х   | 12/01/2023                              | 29                             | Not on Trust formulary for this indication. Contacted Breast team (14/12/22). N/A MFT, patients referred to the Christie. MMC deemed N/A (12/01/23).                                |
| Amivantamab for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy (TA850)                  | 14/12/2022            | Amivantamab – NOT RECOMMENDED for treating locally advanced or metastatic non-small-cell lung cancer (NSCLC) after platinum-based chemotherapy in adults whose tumours have epidermal growth factor receptor (EGFR) exon 20 insertion mutations.  |                                    | х   | 12/01/2023                              | 29                             | Not on Trust formulary for this indication. Shared with Pulmonary Oncology team (14/12/22). Not recommended by NICE. MMC deemed N/A (12/01/23).                                     |
| Cabozantinib for previously treated advanced hepatocellular carcinoma (TA849)  | 14/12/2022            | Cabozantinib— recommended as an option for treating advanced hepatocellular carcinoma (HCC) in adults who have had sorafenib, only if:  • they have Child—Pugh grade A liver impairment and an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, and  • the company provides it according to the commercial arrangement.  |                                    | х   | 12/01/2023                              | 29                             | Not on Trust formulary for this indication. Shared with Hepatology team (14/12/22). N/A MFT, patients referred to the Christie Hospital. MMC deemed N/A (12/01/23).                 |
| Cemiplimab for untreated PD-L1-positive advanced or metastatic non-small-cell lung cancer (TERMINATED APPRAISAL) (TA848)   | 01/12/2022            | Cemiplimab – NOT RECOMMENDED for untreated PD L1 positive advanced or metastatic non small cell lung cancer (NSCLC) in adults. Sanofi has confirmed that it does not intend to make a submission for the appraisal. This is because the technology will not be launched in the UK for treating this indication.   |                                    | х   | 08/12/2022                              | 7                              | Not on Trust formulary for this indication. Shared with Pulmonary Oncology Team (01/12/22). Not recommended by NICE. MMC deemed N/A (08/12/22).                                     |
| Mepolizumab for treating severe chronic rhinosinusitis with nasal polyps (TERMINATED APPRAISAL) (TA847)  | 29/11/2022            | Mepolizumab – NOT RECOMMENDED for treating severe chronic rhinosinusitis with nasal polyps in adults. GSK has confirmed that it does not intend to make an evidence submission for this appraisal. This is because the technology will not be launched in the UK for treating this indication.  |                                    | х   | 08/12/2022                              | 9                              | Not on Trust formulary for this indication. Shared with ENT Teams (29/11/22). Not recommended by NICE. MMC deemed N/A (08/12/22).   |
| Mepolizumab for treating severe hypereosinophilic syndrome (TERMINATED APPRAISAL) (TA846)  | 29/11/2022            | Mepolizumab – NOT RECOMMENDED for treating hypereosinophilic syndrome in adults. This is because GSK has confirmed that it does not intend to make an evidence submission for the appraisal. GSK considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources in this rare disease population.                                     |                                    | х   | 08/12/2022                              | 9                              | Not on Trust formulary for this indication. Shared with Immunology team (29/11/22). Not recommended by NICE. MMC deemed N/A (08/12/22).   |
| Mepolizumab for treating eosinophilic granulomatosis with polyangiitis (TERMINATED APPRAISAL) (TA845)  | 29/11/2022            | Mepolizumab – NOT RECOMMENDED for treating eosinophilic granulomatosis with polyangiitis in people 6 years and over. This is because GSK has confirmed that it does not intend to make an evidence submission for the appraisal. GSK considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources in this rare disease population. |                                    | х   | 08/12/2022                              | 9                              | Not on Trust formulary for this indication. Shared with Rheumatology and Immunology teams (29/11/22). Not recommended by NICE. MMC deemed N/A (08/12/22).                           |
| Luspatercept for treating anaemia caused by myelodysplastic syndromes (TERMINATED APPRAISAL) (TA844)   | 24/11/2022            | Luspatercept— NOT RECOMMENDED for treating anaemia caused by myelodysplastic syndromes. This is because BMS has confirmed that it does not intend to make an evidence submission for the appraisal. BMS considers that there is not enough evidence to provide a submission for this appraisal.   |                                    | х   | 08/12/2022                              | 14                             | Not on Trust formulary for this indication. Shared with Haematology team (24/11/22). Not recommended by NICE. MMC deemed N/A (08/12/22).  |
| Luspatercept for treating anaemia caused by beta-thalassaemia (TERMINATED APPRAISAL) (TA843)   | 24/11/2022            | Luspatercept— NOT RECOMMENDED for treating anaemia caused by beta-thalassaemia in adults. This is because BMS has confirmed that it does not intend to make an evidence submission for the appraisal. BMS considers that there is not enough evidence to provide a submission for this appraisal.   |                                    | х   | 08/12/2022                              | 14                             | Not on Trust formulary for this indication. Shared with Haematology team (24/11/22). Not recommended by NICE. MMC deemed N/A (08/12/22).  |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance  | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE  | Adherence of local formulary to NICE      |   |   |                                |   |  |
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|  |                       | , and the second | <b>Yes</b><br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)  |  |
| Tisagenlecleucel for treating follicular lymphoma after 2 or more therapies (TERMINATED APPRAISAL) (TA842)   | 22/11/2022            | Tisagenlecleucel— NOT RECOMMENDED for treating relapsed or refractory follicular lymphoma in adults after 2 or more therapies. This is because Novartis has confirmed that it does not intend to make an evidence submission for the appraisal. Novartis considers that the technology is unlikely to be a cost-effective use of NHS resources   |   | х   | 08/12/2022                              | 16                             | Not on Trust formulary for this indication. Shared with Haematology team (22/11/22). Not recommended by NICE. MMC deemed N/A (08/12/22).                  |  |
| Carfilzomib with daratumumab and dexamethasone for treating relapsed or refractory multiple myeloma (TERMINATED APPRAISAL) (TA841)                 | 22/11/2022            | Carfilzomib with daratumumab and dexamethasone— NOT RECOMMENDED for treating relapsed or refractory multiple myeloma in adults. This is because Amgen has confirmed that it does not intend to make an evidence submission for the appraisal. Amgen considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources for this population.   |   | х   | 08/12/2022                              | 16                             | Not on Trust formulary for this indication. Shared with Haematology team (22/11/22). Not recommended by NICE. MMC deemed N/A (08/12/22).                  |  |
| Ruxolitinib for treating chronic graft versus host disease refractory to corticosteroids (TERMINATED APPRAISAL) (TA840)                            | 16/11/2022            | Ruxolitinib – NOT RECOMMENDED for treating chronic graft versus host disease refractory to corticosteroids in people aged 12 and over. This is because Novartis has confirmed that it does not intend to make an evidence submission for the appraisal. Novartis considers that the technology is unlikely to be a cost-effective use of NHS resources based on the current price in existing indications.   |   | Х   | 08/12/2022                              | 22                             | Not on Trust formulary for this indication. Shared with Haematology team (16/11/22). Not recommended by NICE. MMC deemed N/A (08/12/22).                  |  |
| Ruxolitinib for treating acute graft versus host disease refractory to corticosteroids (TERMINATED APPRAISAL) (TA839)                              | 16/11/2022            | Ruxolitinib – NOT RECOMMENDED for treating acute graft versus host disease refractory to corticosteroids in people aged 12 and over. This is because Novartis has confirmed that it does not intend to make an evidence submission for the appraisal. Novartis considers that the technology is unlikely to be a cost-effective use of NHS resources based on the current price in existing indications.   |   | X   | 08/12/2022                              | 22                             | Not on Trust formulary for this indication. Shared with Haematology team (16/11/22). Not recommended by NICE. MMC deemed N/A (08/12/22).                  |  |
| Slow-release potassium bicarbonate-potassium citrate for treating distal renal tubular acidosis (TERMINATED APPRAISAL) (TA838)                     | 02/11/2022            | Slow-release potassium bicarbonate-potassium citrate— NOT RECOMMENDED for treating distal renal tubular acidosis. This is because Advicenne considers that, at this time, there is not enough evidence to provide a submission for this appraisal.   |   | х   | 10/11/2022                              | 8                              | Not on Trust formulary for this indication. Shared with Renal team (02/11/22). Not recommended by NICE. MMC deemed N/A (10/11/22).                        |  |
| Pembrolizumab for adjuvant treatment of resected stage 2B or 2C melanoma (TA837)   | 26/10/2022            | Pembrolizumab – recommended as an option for the adjuvant treatment of completely resected stage 2B or 2C melanoma in people 12 years and over. It is recommended only if the company provides pembrolizumab according to the commercial arrangement.  |   | х   | 10/11/2022                              | 15                             | Not on Trust formulary for this indication. Contacted Dermatology team (26/10/22). N/A MFT, patients referred to the Christie. MMC deemed N/A (10/11/22). |  |
| Palbociclib with fulvestrant for treating<br>hormone receptor-positive, HER2-negative<br>advanced breast cancer after endocrine<br>therapy (TA836) | 26/10/2022            | Palbociclib plus fulvestrant— recommended as an option for treating hormone receptor positive, HER2 negative locally advanced or metastatic breast cancer in adults who have had endocrine therapy only if:  • exemestane plus everolimus is the most appropriate alternative to a cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitor and  • the company provides it according to the commercial arrangement.  |   | х   | 10/11/2022                              | 15                             | Not on Trust formulary for this indication. Contacted Breast team (26/10/22). N/A MFT, patients referred to the Christie. MMC deemed N/A (10/11/22).      |  |
| Fostamatinib for treating refractory chronic immune thrombocytopenia (updates & replaces TA759) (TA835)  | 19/10/2022            | Fostamatinib – recommended as an option for treating refractory chronic immune thrombocytopenia (ITP) in adults, only if:  • they have previously had a thrombopoietin receptor agonist (TPO RA), or a TPO RA is unsuitable  • the company provides fostamatinib according to the commercial arrangement.  | х   |   | 08/12/2022                              | 50                             | Not on Trust formulary. Contacted Haematology team (26/10/22). Fast-track submitted. MMC approved (08/12/22).   |  |
| SQ HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites (TERMINATED APPRAISAL) (TA834)                           | 12/10/2022            | SQ HDM SLIT – NOT RECOMMENDED for treating allergic rhinitis and allergic asthma caused by house dust mites. This is because ALK-Abello has confirmed that it does not intend to provide an evidence submission. ALK-Abello considers that it is essential to collect more clinical evidence to make a comprehensive and robust submission.  |   | х   | 10/11/2022                              | 29                             | Not on Trust formulary. Shared with immunology team, ENT and respiratory teams (12/10/22). Not recommended by NICE. MMC deemed N/A (10/11/22).            |  |
| Zanubrutinib for treating Waldenstrom's macroglobulinaemia (TA833)   | 19/10/2022            | Zanubrutinib – recommended as an option for treating Waldenstrom's macroglobulinaemia in adults who have had at least 1 treatment, only if:  bendamustine plus rituximab is also suitable and the company provides it according to the commercial arrangement.   | х   |   | 08/09/2022                              | -41                            | On Trust formulary for this indication in line with NHSE commissioning (Sep-22). Shared with Haematology Teams (19/10/22). MMC approved (08/09/22).       |  |
| Relugolix—estradiol—norethisterone acetate<br>for treating moderate to severe symptoms of<br>uterine fibroids (TA832)                              | 19/10/2022            | Relugolix—estradiol—norethisterone acetate— recommended as an option for treating moderate to severe symptoms of uterine fibroids in adults of reproductive age.   | x   |   | 08/12/2022                              | 50                             | Not on Trust formulary. Shared with Gynaecology team (19/10/22). Fast track submitted (21/11/22). MMC approved (08/12/22).                                |  |

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|  |                       |   | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| Olaparib for previously treated BRCA mutation-<br>positive hormone-relapsed metastatic prostate<br>cancer (TA831)          | 05/10/2022            | Olaparib – NOT RECOMMENDED for treating hormone-relapsed metastatic prostate cancer with BRCA1 or BRCA2 mutations that has progressed after a newer hormonal treatment (such as abiraterone or enzalutamide).   |                                    | х   | 10/11/2022                              | 36                             | Not on Trust formulary for this indication. Shared for info with Urology team (10/11/22). Not recommended by NICE. MMC deemed N/A (10/11/22).                      |
| Pembrolizumab for adjuvant treatment of renal cell carcinoma (TA830)   | 19/10/2022            | Pembrolizumab – recommended as an option for the adjuvant treatment of renal cell carcinoma at increased risk of recurrence after nephrectomy, with or without metastatic lesion resection, in adults. It is recommended only if the company provides it according to the commercial arrangement.   |                                    | х   | 10/11/2022                              | 22                             | Not on Trust formulary for this indication. Contacted Renal team (19/10/22). N/A MFT, patients referred to the Christie hospital. MMC deemed N/A (10/11/22).       |
| Upadacitinib for treating active ankylosing spondylitis (TA829)  | 30/09/2022            | Upadacitinib – recommended as an option for treating active ankylosing spondylitis that is not controlled well enough with conventional therapy in adults, only if:  • tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough and  • the company provides upadacitinib according to the commercial arrangement.   | х                                  |   | 10/11/2022                              | 41                             | Not on Trust formulary for this indication. Contacted Rheumatology team (30/09/22). Fast track submitted (10/10/22). MMC approved (10/11/22).                      |
| Ozanimod for treating moderately to severely active ulcerative colitis (TA828)   | 05/10/2022            | Ozanimod – recommended as an option for treating moderately to severely active ulcerative colitis in adults, only if:  • conventional treatment cannot be tolerated or is not working well enough and infliximab is not suitable, or  • biological treatment cannot be tolerated or is not working well enough, and  • the company provides it according to the commercial arrangement.   | х                                  |   | 08/12/2022                              | 64                             | Not on Trust formulary. Contacted Gastro team (05/10/22). Fast track submitted (15/11/22). MMC approved (08/12/22).  |
| Oral azacitidine for maintenance treatment of acute myeloid leukaemia after induction therapy (TA827)                      | 05/10/2022            | Oral azacitidine – recommended as an option for maintenance treatment for acute myeloid leukaemia (AML) in adults who:  • are in complete remission, or complete remission with incomplete blood count recovery, after induction therapy with or without consolidation treatment, and  • cannot have or do not want a haematopoietic stem cell transplant.  It is recommended only if the company provides oral azacitidine according to the commercial arrangement.              | х                                  |   | 13/10/2022                              | 8                              | Not on Trust formulary for this indication. Contacted Haematology team (05/10/22). Fast track submitted (06/10/22). MMC approved (13/10/22).                       |
| Vedolizumab for treating chronic refractory pouchitis after surgery for ulcerative colitis (TERMINATED APPRAISAL) (TA826)  | 21/09/2022            | Vedolizumab – NOT RECOMMENDED for treating chronic refractory pouchitis after surgery for ulcerative colitis. This is because Takeda did not provide an evidence submission. Takeda has confirmed that the technology will not be launched in the UK for this indication.   |                                    | х   | 13/10/2022                              | 22                             | Not on Trust formulary for this indication. Shared for info with Gastro team (21/09/22). Not recommended by NICE. MMC deemed N/A (13/10/22).                       |
| Avacopan for treating severe active granulomatosis with polyangiitis or microscopic polyangiitis (TA825)                   | 21/09/2022            | Avacopan with a cyclophosphamide or rituximab regimen – recommended as an option for treating severe active granulomatosis with polyangiitis or microscopic polyangiitis in adults. It is recommended only if the company provides it according to the commercial arrangement.  | х                                  |   | 13/10/2022                              | 22                             | Not on Trust formulary for this indication. Contacted Rheumatology and Renal teams (21/09/22). Fast track submitted (10/10/22). MMC approved (13/10/22).           |
| <b>Dexamethasone</b> intravitreal implant for treating diabetic macular oedema (replacing TA349) ( <b>TA824</b> )          | 14/09/2022            | Dexamethasone intravitreal implant – recommended as an option for treating visual impairment caused by diabetic macular oedema in adults only if their condition has not responded well enough to, or if they cannot have non-corticosteroid therapy.   | х                                  |   | 08/12/2022                              | 85                             | On Trust formulary for this indication. Contacted Macular team (14/09/22). Updated Fast track submitted (24/11/22). MMC approved (08/12/22).                       |
| Atezolizumab for adjuvant treatment of resected non-small-cell lung cancer (TA823)   | 28/09/2022            | Atezolizumab – recommended for use within the CDF as an option for adjuvant treatment after complete tumour resection in adults with stage 2 to 3a NSCLC) whose:  • tumours have the programmed cell death ligand 1 (PD L1) biomarker expression on 50% or more of their tumour cells and  • whose disease has not progressed after platinum-based adjuvant chemotherapy.  It is recommended only if the company provides atezolizumab according to the managed access agreement. | х                                  |   | 08/12/2022                              | 71                             | Not on Trust formulary for this indication. Contacted Pulmonary Oncology team (28/09/22). Fast track submitted (25/11/22) MMC approved (08/12/22).                 |
| Melphalan for haematological diseases before allogeneic haematopoietic stem cell transplant (TERMINATED APPRAISAL) (TA822) | 14/09/2022            | Melphalan – NOT RECOMMENDED for treating haematological diseases before allogeneic haematopoietic stem cell transplant. This is because ADIENNE has confirmed that it does not intend to make an evidence submission for the appraisal because it does not represent a commercially viable option for them to pursue.   |                                    | х   | 13/10/2022                              | 29                             | Not on Trust formulary for this indication. Shared for info with Haematology team (14/09/22). Not recommended by NICE. MMC deemed N/A (13/10/22).                  |
| Avalglucosidase alfa for treating Pompe disease (TA821)  | 24/08/2022            | Avalglucosidase alfa (AVAL) – recommended as an option for treating Pompe disease in babies, children, young people and adults, only if the company provides AVAL according to the commercial arrangement.  | х                                  |   | 02/11/2022                              | 70                             | On Trust formulary for this indication (EAMS). Shared for info with Haematology team (24/08/22). Updated Fast track submitted (24/10/22). MMC approved (02/11/22). |

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|  |                       |  | <b>Yes</b><br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)  |  |
| Brolucizumab for treating diabetic macular oedema (TA820)  | 31/08/2022            | Brolucizumab – recommended as an option for treating visual impairment due to diabetic macular oedema in adults, only if:  the eye has a central retinal thickness of 400 micrometres or more at the start of treatment  the company provides brolucizumab according to the commercial arrangement.  | х   |   | 08/12/2022                              | 99                             | Not on Trust formulary for this indication. Contacted Macular team (31/08/22). Fast track submitted (24/11/22) MMC approved (08/12/22).   |  |
| Sacituzumab govitecan for treating unresectable triple-negative advanced breast cancer after 2 or more therapies (TA819)         | 17/08/2022            | Sacituzumab govitecan – recommended as an option for treating unresectable triple-negative locally advanced or metastatic breast cancer in adults after 2 or more systemic therapies, at least 1 of which was for advanced disease.  |   | х   | 08/09/2022                              | 22                             | Not on Trust formulary for this indication. Contacted Breast team (17/08/22). N/A MFT eligible patients are referred to the Christie Hospital (23/08/22). MMC deemed N/A (08/09/22).  |  |
| Nivolumab with ipilimumab for untreated unresectable malignant pleural mesothelioma (TA818)                                      | 17/08/2022            | Nivolumab plus ipilimumab – recommended as an option for untreated unresectable malignant pleural mesothelioma in adults, only if:  • they have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1  • the company provides it according to the commercial arrangement.  | x   |   | 11/08/2022                              | -6                             | On Trust formulary (NHSE SSC2407) for this indication (11/08/22). MMC approved (11/08/22)   |  |
| Nivolumab for adjuvant treatment of invasive urothelial cancer at high risk of recurrence (TA817)                                | 10/08/2022            | Nivolumab — recommended as an option for the adjuvant treatment of muscle-invasive urothelial cancer that is at high risk of recurrence after radical resection in adults whose tumours express PD-L1 at a level of 1% or more. It is recommended only if:  adjuvant treatment with platinum based chemotherapy is unsuitable, and  the company provides nivolumab according to the commercial arrangement.  |   | х   | 08/09/2022                              | 29                             | Not on Trust formulary for this indication. Contacted Urology team (10/08/22). N/A MFT eligible patients are referred to the Christie Hospital (11/08/22). MMC deemed N/A (08/09/22). |  |
| Alpelisib with fulvestrant for treating hormone receptor-positive, HER2-negative, PIK3CA-mutated advanced breast cancer (TA816)  | 10/08/2022            | Alpelisib plus fulvestrant — recommended as an option for treating hormone receptor-positive, HER2-negative, PIK3CA-mutated, locally advanced or metastatic breast cancer in adults, only if:  • their cancer has progressed after a CDK4/6 inhibitor plus an aromatase inhibitor and  • the company provides alpelisib according to the commercial arrangement).  |   | х   | 08/09/2022                              | 29                             | Not on Trust formulary. Contacted Breast team (10/08/22). N/A MFT eligible patients are referred to the Christie Hospital (10/08/22). MMC deemed N/A (08/09/22).                      |  |
| <b>Guselkumab</b> for treating active psoriatic arthritis after inadequate response to DMARDs (replacing TA711) ( <b>TA815</b> ) | 10/08/2022            | Guselkumab, alone or with methotrexate — recommended as an option for treating active psoriatic arthritis in adults whose disease has not responded well enough to DMARDs or who cannot tolerate them. It is recommended only if they have had 2 conventional DMARDs and:  • have had at least 1 biological DMARD, or  • TNF-alpha inhibitors are contraindicated but would otherwise be considered (as described in NICE TA199).  Guselkumab is recommended only if the company provides it according to the commercial arrangement. Active psoriatic arthritis is defined as peripheral arthritis with 3 or more tender joints and 3 or more swollen joints.   | x   |   | 08/09/2022                              | 29                             | Not on Trust formulary for this indication. Contacted Rheumatology team (10/08/22). Fast track submitted (24/08/22). MMC approved (08/09/22).   |  |
| Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis (TA814)                              | 03/08/2022            | Abrocitinib and upadacitinib — recommended as options for treating moderate to severe atopic dermatitis that is suitable for systemic treatment in adults and young people 12 years and over, only if:  • the disease has not responded to at least 1 systemic immunosuppressant, or these are not suitable  • the companies provide abrocitinib and upadacitinib according to the commercial arrangement.  Tralokinumab — recommended as an option for treating moderate to severe atopic dermatitis that is suitable for systemic treatment in adults, only if:  • the disease has not responded to at least 1 systemic immunosuppressant, or these are not suitable  • the company provides tralokinumab according to the commercial arrangement. |   | x   | 05/10/2022                              | 63                             | Not on Trust formulary for this indication. Contacted Dermatology team (03/08/22). Fast track submitted (14/09/22). PMMC approved (05/10/22).   |  |
| Asciminib for treating chronic myeloid leukaemia after 2 or more tyrosine kinase inhibitors (TA813)                              | 03/08/2022            | Asciminib — recommended as an option for treating chronic-phase Philadelphia chromosome-positive chronic myeloid leukaemia without a T315I mutation after 2 or more tyrosine kinase inhibitors in adults. It is recommended only if the company provides asciminib according to the commercial arrangement.  | х   |   | 11/08/2022                              | 8                              | On Trust formulary (EAMS) (10/03/22). Shared with Haematology team (03/08/22). Fast track submitted. MMC approved (11/08/22)  |  |
| Pralsetinib for treating RET fusion-positive advanced non-small-cell lung cancer (TA812)   | 03/08/2022            | Pralsetinib — NOT RECOMMENDED for treating RET fusion-positive advanced non-small-cell lung cancer (NSCLC) in adults who have not had a RET inhibitor before.  |   | х   | 11/08/2022                              | 8                              | Not on trust formulary. Shared for information with Pulmonary Oncology team (03/08/22). MMC deemed N/A (11/08/22).  |  |

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|   |                       | ,, ·   | <b>Yes</b><br>(mark 'x' if<br>applicable)  | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)   |  |
| <b>Duvelisib</b> for treating relapsed or refractory chronic lymphocytic leukaemia after 2 or more treatments (TERMINATED APPRAISAL) (TA811)                                | 27/07/2022            | Duvelisib – NOT RECOMMENDED for treating relapsed or refractory chronic lymphocytic leukaemia after 2 or more treatments. Secura Bio has confirmed that it is withdrawing the evidence submission for the appraisal because the technology will not be launched in the UK for treating this indication.  |  | х   | 11/08/2022                              | 15                             | Not on trust formulary. Shared for information with Haematology team (27/07/22). MMC deemed N/A (11/08/22).   |  |
| Abemaciclib with endocrine therapy for adjuvant treatment of hormone receptor-positive, HER2-negative, node-positive early breast cancer at high risk of recurrence (TA810) | 20/07/2022            | Abemaciclib with endocrine therapy— recommended as an option for adjuvant treatment of hormone receptor-positive, HER2-negative, node positive early breast cancer in adults whose disease is at high risk of recurrence, defined by the following clinical and pathological features:  • at least 4 positive axillary lymph nodes, or  • 1 to 3 positive axillary lymph nodes, and at least one of the following criteria:  • grade 3 disease (defined as at least 8 points on the modified Bloom—Richardson grading system or equivalent), or  • primary tumour size of at least 5 cm.  It is recommended only if the company provides it according to the commercial arrangement.   |  | х   | 11/08/2022                              | 22                             | Not on trust formulary for this indication. Shared with Breast team (20/07/22). N/A patients are referred to the Christie hospital for treatment (26/07/22). MMC deemed N/A (11/08/22). |  |
| Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease (TA809)   | 20/07/2022            | Imlifidase — recommended as a desensitisation treatment option for adults who:  • are waiting for a kidney transplant from a deceased donor  • are highly sensitised to human leukocyte antigens (HLA)  • have a positive crossmatch with the donor and are unlikely to have a transplant under the available kidney allocation system (including prioritisation programmes for highly sensitised people). It is recommended only if:  • a maximum of 1 dose is given  • it is given in a specialist centre with experience of treating high sensitisation to HLA  • the company provides imlifidase according to the commercial arrangement.  | х  |   | 13/10/2022                              | 85                             | Not on trust formulary for this indication. Shared with Renal team (20/07/22). Fast track submitted (26/09/22). MMC approved (13/10/22).  |  |
| Fenfluramine for treating seizures associated with Dravet syndrome (TA808)  | 08/07/2022            | Fenfluramine — recommended as an add on to other antiseizure medicines for treating seizures associated with Dravet syndrome in people aged 2 years and older, only if:  • seizures have not been controlled after trying 2 or more antiseizure medicines  • the frequency of convulsive seizures is checked every 6 months, and fenfluramine is stopped if it has not fallen by at least 30% compared with the 6 months before starting treatment  • the company provides fenfluramine according to the commercial arrangement.   | х  |   | 03/08/2022                              | 26                             | Not on trust formulary for this indication. Shared with Neurology team (08/07/22). Fast track submitted (20/07/22). PMMC approved (03/08/22).   |  |
| Roxadustat for treating symptomatic anaemia in chronic kidney disease (TA807)   | 13/07/2022            | Roxadustat — recommended as an option for treating symptomatic anaemia associated with chronic kidney disease (CKD) in adults only if:  • they have stage 3 to 5 CKD with no iron deficiency and  • they are not on dialysis at the start of treatment and  • the company provides roxadustat according to the commercial arrangement.   | x  |   | 14/07/2022                              | 1                              | Not on trust formulary for this indication. Contacted Renal team (13/07/22). Fast track submitted in advance (04/07/22). MMC approved (14/07/22).                                       |  |
| Belimumab for treating lupus nephritis (TERMINATED APPRAISAL) (TA806)   | 13/07/2022            | Belimumab – NOT RECOMMENDED for treating lupus nephritis. This is because GlaxoSmithKline has confirmed that it does not intend to provide an evidence submission. GlaxoSmithKline considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources in this population.   |  | х   | 11/08/2022                              | 29                             | Not on trust formulary for this indication. Shared with Renal team (13/07/22). Fast track submitted in advance (04/07/22). MMC approved (14/07/22).                                     |  |
| Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides (TA805)  | 13/07/2022            | Icosapent ethyl — recommended as an option for reducing the risk of cardiovascular events in adults. It is recommended if they have a high risk of cardiovascular events and raised fasting triglycerides (1.7 mmol/litre or above) and are taking statins, but only if they have:  • established cardiovascular disease (secondary prevention), defined as a history of any of the following:  • acute coronary syndrome (such as myocardial infarction or unstable angina needing hospitalisation)  • coronary or other arterial revascularisation procedures  • coronary heart disease  • ischaemic stroke  • peripheral arterial disease, and  • low-density lipoprotein cholesterol (LDL C) levels above 1.04 mmol/litre and below or equal to 2.60 mmol/litre. | x  |   | 11/08/2022                              | 29                             | Not on trust formulary. Contacted Cardiology team (13/07/22). Fast track submitted (02/08/22). MMC approved (11/08/22).   |  |

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|   | nereuse               | marcated by MCL  | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| Teduglutide for treating short bowel syndrome (TA804)   | 30/06/2022            | <b>Teduglutide</b> — recommended as an option for treating short bowel syndrome (SBS) in people 1 year and above. People's condition should be stable following a period of intestinal adaptation after surgery before having teduglutide. Teduglutide is recommended only if the company provides it according to the commercial arrangement.   | х <sup>ь</sup>                     | x <sup>a</sup>                            | 14/07/2022                              | 14                             | Not on trust formulary. Contacted Gastro teams (30/06/22). Adults N/A patients treated at SRFT. MMC deemed N/A (11/08/22). Paeds Fast track submitted (21/10/22). PMMC approved (02/11/22).  |
| Risankizumab for treating active psoriatic arthritis after inadequate response to DMARDs (TA803)  | 13/07/2022            | Risankizumab, alone or with methotrexate — recommended as an option for treating active psoriatic arthritis in adults whose disease has not responded well enough to disease-modifying antirheumatic drugs (DMARDs) or who cannot tolerate them. It is recommended only if they have:  • peripheral arthritis with 3 or more tender joints and 3 or more swollen joints  • moderate to severe psoriasis (a body surface area of at least 3% affected by plaque psoriasis and a Psoriasis Area and Severity Index [PASI] score greater than 10)  • had 2 conventional DMARDs and at least 1 biological DMARD.  Risankizumab is recommended only if the company provides it according to the commercial arrangement. | х                                  |   | 11/08/2022                              | 29                             | Not on trust formulary for this indication. Contacted Rhematology team (13/07/22). Fast track submitted (22/07/22). MMC approved (11/08/22).   |
| Cemiplimab for treating advanced cutaneous squamous cell carcinoma (updates & replaces TA592) (TA802)   | 29/06/2022            | Cemiplimab — recommended as an option for treating metastatic or locally advanced cutaneous squamous cell carcinoma in adults when curative surgery or curative radiotherapy is not suitable, only if:  • it is stopped at 24 months or earlier if disease progresses, and  • the company provides cemiplimab according to the commercial arrangement.   |                                    | х   | 14/07/2022                              | 15                             | Not on trust formulary for this indication. Shared with Breast team (20/07/22). N/A patients are referred to the Christie hospital for treatment (26/07/22). MMC deemed N/A (11/08/22).      |
| Pembrolizumab plus chemotherapy for untreated, triple-negative, locally recurrent unresectable or metastatic breast cancer (TA801)                            | 29/06/2022            | Pembrolizumab plus paclitaxel or nab paclitaxel – recommended as an option for treating triple negative, locally recurrent unresectable or metastatic breast cancer in adults who have not had chemotherapy for metastatic disease. It is recommended only if:  • the tumours express PD L1 with a combined positive score (CPS) of 10 or more and an immune cell staining (IC) of less than 1%, and  • the company provides pembrolizumab according to the commercial arrangement.  |                                    | x   | 14/07/2022                              | 15                             | Not on trust formulary for this indication. Shared with Dermatology team (29/06/22). N/A patients are referred to the Christie hospital for treatment (29/06/22). MMC deemed N/A (14/07/22). |
| Faricimab for treating wet age-related macular degeneration (TA800)   | 29/06/2022            | Faricimab — recommended as an option for treating wet age-related macular degeneration in adults, only if:  • the eye has a best-corrected visual acuity between 6/12 and 6/96  • there is no permanent structural damage to the central fovea  • the lesion size is 12 disc areas or less in greatest linear dimension  • there are signs of recent disease progression (for example, blood vessel growth as shown by fluorescein angiography, or recent visual acuity changes)  • the company provides faricimab according to the commercial arrangement.  | х                                  |   | 11/08/2022                              | 43                             | Not on trust formulary this indication. Contacted Macular team (29/06/22). Fast track submitted (31/07/22). MMC approved (11/08/22).   |
| Faricimab for treating diabetic macular oedema (TA799)  | 29/06/2022            | Faricimab – recommended as an option for treating visual impairment due to diabetic macular oedema in adults, only if:  • the eye has a central retinal thickness of 400 micrometres or more at the start of treatment  • the company provides faricimab according to the commercial arrangement.  | х                                  |   | 08/12/2022                              | 162                            | Not on trust formulary this indication. Contacted Macular team (29/06/22). Fast track submitted (24/11/22). MMC approved (08/12/22).   |
| <b>Durvalumab</b> for maintenance treatment of unresectable non-small-cell lung cancer after platinum-based chemoradiation (replacing TA578) ( <b>TA798</b> ) | 15/06/2022            | Durvalumab — recommended as an option for treating locally advanced unresectable non-small-cell lung cancer (NSCLC) in adults whose tumours express programmed cell death ligand 1 (PD L1) on 1% or more of cells and whose disease has not progressed after platinum-based chemoradiation, only if:  • they have had concurrent platinum-based chemoradiation  • the company provides durvalumab according to the commercial arrangement.   |                                    | х   | 14/07/2022                              | 29                             | On trust formulary for this indication. Contacted Pulmonary Oncology team (15/06/22). N/A eligible patients are referred to the Christie Hospital. (29/06/22). MMC deemed N/A (14/07/22).    |
| Enfortumab vedotin for previously treated locally advanced or metastatic urothelial cancer (TERMINATED APPRAISAL) (TA797)                                     | 15/06/2022            | Enfortumab vedotin — NOT RECOMMENDED for treating locally advanced or metastatic urothelial cancer after platinum-containing chemotherapy and a PD 1 or PD L1 inhibitor. This is because Astellas did not provide an evidence submission. Astellas has confirmed that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources in this population.   |                                    | х   | 14/07/2022                              | 29                             | Not on trust formulary. Contacted Pulmonary Oncology team (15/06/22). N/A eligible patients are referred to the Christie Hospital. (29/06/22). MMC deemed N/A (14/07/22).                    |

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| Venetoclax for treating chronic lymphocytic leukaemia (replacing TA487) (TA796)  | 15/06/2022            | Venetoclax monotherapy— recommended for treating chronic lymphocytic leukaemia (CLL) 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.  It is recommended only if the company provides venetoclax according to the commercial arrangement. | х   |   | 08/09/2022                              | 85                             | On trust formulary for this indication. Contacted Haematology team (15/06/22). Updated fast track submitted (29/08/22). MMC approved (08/09/22).                                  |
| Ibrutinib for treating Waldenstrom's macroglobulinaemia (replacing TA491) (TA795)  | 08/06/2022            | Ibrutinib – NOT RECOMMENDED for treating Waldenstrom's macroglobulinaemia in adults who have had at least 1 previous therapy.   |   | х   | 09/06/2022                              | 1                              | On formulary for this indication. Contacted Haematology team (08/06/22). MMC removed from formulary for indication (09/06/22).  |
| <b>Diroximel fumarate</b> for treating relapsing–remitting multiple sclerosis ( <b>TA794</b> )   | 08/06/2022            | Diroximel fumarate – recommended as an option for treating active relapsing – remitting multiple sclerosis (normally defined as 2 clinically significant relapses in the previous 2 years) in adults, only if:  • they do not have highly active or rapidly evolving severe relapsing – remitting multiple sclerosis and  • the company provides diroximel fumarate according to the commercial arrangement.  |   | х   | 14/07/2022                              | 36                             | Not on trust formulary. Contacted Neurology team (08/06/22). N/A eligible patients are referred to the SRFT. (09/06/22). MMC deemed N/A (14/07/22).                               |
| Anifrolumab for treating active autoantibody-<br>positive systemic lupus erythematosus<br>(TERMINATED APPRAISAL) (TA793)                         | 08/06/2022            | Anifrolumab – NOT RECOMMENDED for treating active autoantibody-positive systemic lupus erythematosus. This is because AstraZeneca has confirmed that it does not intend to make an evidence submission for the appraisal. AstraZeneca considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources for this population.  |   | x   | 09/06/2022                              | 1                              | Not on trust formulary. Shared with Rheumatology team (08/06/22). N/A not recommended by NICE. MMC deemed N/A (09/06/22).   |
| Filgotinib for treating moderately to severely active ulcerative colitis (TA792)   | 01/06/2022            | Filgotinib – recommended as an option for treating moderately to severely active ulcerative colitis in adults:  • when conventional or biological treatment cannot be tolerated, or  • if the disease has not responded well enough or has stopped responding to these treatments, and  • if the company provides filgotinib according to the commercial arrangement.   | х   |   | 14/07/2022                              | 43                             | Not on trust formulary for this indication. Contacted Gastro team (08/06/22). Fast track submitted (01/07/22). MMC approved (14/07/22).   |
| Romosozumab for treating severe osteoporosis (TA791)   | 25/05/2022            | Romosozumab — recommended as an option for treating severe osteoporosis in people after menopause who are at high risk of fracture, only if:  • they have had a major osteoporotic fracture (spine, hip, forearm or humerus fracture) within 24 months (so are at imminent risk of another fracture) and  • the company provides romosozumab according to the commercial arrangement.   | х   |   | 08/12/2022                              | 197                            | Not on Trust formulary. Contacted Metabolic bone disorder and Endocrinology teams (30/05/22). Fast track submitted (16/11/22). MMC approved (08/12/22).                           |
| TYRX Absorbable Antibacterial Envelope for preventing infection from cardiac implantable electronic devices (TERMINATED APPRAISAL) (TA790)       | 25/05/2022            | TYRX Absorbable Antibacterial Envelope — NOT RECOMMENDED for preventing infection from cardiac implantable electronic devices because Medtronic withdrew its evidence submission for the appraisal. Decision to be reviewed if the company decides to make a submission.  |   | х   | 09/06/2022                              | 15                             | Not on Trust formulary. Shared with Cardiology team (30/05/22). N/A not recommended by NICE. MMC deemed N/A (09/06/22).   |
| <b>Tepotinib</b> for treating advanced non-small-cell lung cancer with MET gene alterations ( <b>TA789</b> )                                     | 18/05/2022            | Tepotinib – recommended as an option for treating advanced non-small-cell lung cancer (NSCLC) with METex14 skipping alterations in adults, only if the company provides tepotinib according to the commercial arrangement.  | х   |   | 09/06/2022                              | 22                             | On Trust formulary for this indication (EAMS) (13/01/22). Contacted Pulmonary Oncology team (18/05/22). Updated fast track submitted (18/05/22). MMC approved (09/06/22).         |
| Avelumab for maintenance treatment of locally advanced or metastatic urothelial cancer after platinum-based chemotherapy (TA788)                 | 11/05/2022            | Avelumab — recommended as an option for maintenance treatment of locally advanced or metastatic urothelial cancer that has not progressed after platinum-based chemotherapy in adults, only if:  • avelumab is stopped at 5 years of uninterrupted treatment or earlier if the disease progresses and  • the company provides avelumab according to the commercial arrangement.   |   | х   | 09/06/2022                              | 29                             | Not on Trust formulary. Contacted Urology team (11/05/22). N/A eligible patients are referred to the Christie Hospital. MMC deemed N/A (09/06/22).                                |
| Venetoclax with low dose cytarabine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable (TA787)                      | 27/04/2022            | Venetoclax with low dose cytarabine — recommended as an option for untreated acute myeloid leukaemia in adults when intensive chemotherapy is unsuitable, only if:  • they have over 30% bone marrow blasts  • the company provides venetoclax according to the commercial arrangement.   | х   |   | 12/05/2022                              | 15                             | On Trust formulary for this indication in line with NHSE commissioning (May-20). Shared with Haematology Teams (27/04/22). Updated fast track submitted. MMC approved (12/05/22). |
| <b>Tucatinib</b> with trastuzumab and capecitabine for treating HER2-positive advanced breast cancer after 2 or more anti-HER2 therapies (TA786) | 27/04/2022            | Tucatinib with trastuzumab and capecitabine – recommended as an option for treating HER2 positive locally advanced or metastatic breast cancer in adults after 2 or more anti HER2 treatment therapies, only if the company provides tucatinib according to the commercial arrangement.   |   | х   | 12/05/2022                              | 15                             | Not on Trust formulary. Contacted Breast team (27/04/22). N/A MFT, patients referred to the Christie. MMC deemed N/A (12/05/22).  |

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|   |                       |  | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b> (mark 'x' if applicable) | Date of local decision (DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| Nivolumab with cabozantinib for untreated advanced renal cell carcinoma (TERMINATED APPRAISAL) (TA785)                                    |                       | Nivolumab with cabozantinib — NOT RECOMMENDED for untreated advanced or metastatic renal cell carcinoma. This is because Bristol Myers Squibb withdrew the evidence submission. We will review this decision if the company decides to make a submission.  |                                    | ×                                   | 12/05/2022                        | 22                             | Not on Trust formulary for this indication. Shared with Renal Teams (20/04/22). Not recommended by NICE. MMC deemed N/A (12/05/22).  |
| <b>Niraparib</b> for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer ( <b>TA784</b> ) | 20,0.,2022            | Niraparib – recommended 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. It is recommended only if:  they have a BRCA mutation and have had 2 courses of platinum-based chemotherapy, or  they do not have a BRCA mutation and have had 2 or more courses of platinum-based chemotherapy, and  the company provides it according to the commercial arrangement. |                                    | х                                   | 12/05/2022                        | 22                             | Not on Trust formulary for this indication. Shared with ObGyn & Haematology Teams (20/04/22). N/A response adults, patients are referred to the Christie Hospital for treatment. MMC reviewed and deemed N/A (12/05/22). |
| Daratumumab monotherapy for treating relapsed and refractory multiple myeloma (updates and replaces TA510) (TA783)                        |                       | Daratumumab monotherapy — recommended as an option for treating relapsed and refractory multiple myeloma in adults who have had a proteasome inhibitor and an immunomodulator, and whose disease progressed on the last treatment, only if:  • they have daratumumab after 3 treatments and  • the company provides according to the commercial arrangement.   | х                                  |                                     | 12/05/2022                        | 29                             | On Trust formulary in line with CDF & TA510 (Feb-<br>18). Shared with Haematology Teams (13/04/22).<br>Updated fast-track submitted. MMC approved<br>(12/05/22).   |
|   |                       |  | 41                                 | 54                                  |                                   |                                |  |
|   |                       |  | % "Yes"                            | % "N/A"                             | -                                 | Average implement time(days)   |  |
| Adherence statistics for 2022-23  |                       |  | 43%                                | 57%                                 |                                   | 31                             |  |



| Technology appraisal (TA)  Titles are hyperlinks to full guidance  | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE  |                                    |   | Adhere                                  | ence of local fo               | rmulary to NICE  |
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| 0  | nereuse               | marcated by their  | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| 2021-22  |                       |  |                                    |   |   |                                |  |
| Tagraxofusp for treating blastic plasmacytoid dendritic cell neoplasm (TERMINATED APPRAISAL) (TA782)   | 30/03/2022            | Tagraxofusp — NOT RECOMMENDED for treating blastic plasmacytoid dendritic cell neoplasm. This is because Stemline Therapeutics has confirmed that it does not intend to make an evidence submission for the appraisal. The company considers that there is not enough evidence to provide a submission for this appraisal.   |                                    | х   | 13/04/2022                              | 14                             | Not on Trust formulary for this indication. Not recommended by NICE. Shared with Haematology Teams (30/03/22). MMC deemed N/A (13/04/22).  |
| Sotorasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer (TA781)   | 30/03/2022            | Sotorasib – recommended for use within the CDF as an option for treating KRAS G12C mutation-positive locally advanced or metastatic non-small-cell lung cancer in adults whose disease has progressed on, or who cannot tolerate, platinum-based chemotherapy or anti-PD-1/PD-11 immunotherapy. It is recommended only if the conditions in the managed access agreement for sotorasib are followed.                                 | х                                  |   | 13/04/2022                              | 14                             | Not on Trust formulary. Fast track submitted by Pulmonary Oncology team (09/03/22).MMC approved and added to the formulary (13/04/22).   |
| <b>Nivolumab</b> with <b>ipilimumab</b> for untreated advanced renal cell carcinoma (updates & replaces TA581) ( <b>TA780</b> )  | 24/03/2022            | Nivolumab with ipilimumab — recommended as an option for untreated advanced renal cell carcinoma in adults:  • whose disease is intermediate or poor risk as defined in the International Metastatic Renal Cell Carcinoma Database Consortium criteria and  • only if the company provides nivolumab with ipilimumab according to the commercial arrangement.  |                                    | х   | 13/04/2022                              | 20                             | Not on Trust formulary for this indication. Contacted Renal Teams (24/03/22). N/A patients referred to the Christie Hospital for treatment. MMC deemed N/A (13/04/22).                         |
| <b>Dostarlimab</b> for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency ( <b>TA779</b> ) | 16/03/2022            | Dostarlimab — recommended for use within the CDF as an option for treating advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency in adults who have had platinum-based chemotherapy. It is recommended only if the conditions in the managed access agreement are followed.  |                                    | х   | 13/04/2022                              | 28                             | Not on Trust formulary. Shared with ObGyn & Haematology Teams (09/03/22). N/A response adults, patients are referred to the Christie Hospital for treatment. MMC deemed N/A (13/04/22).        |
| Pegcetacoplan for treating paroxysmal nocturnal haemoglobinuria (TA778)  | 09/03/2022            | Pegcetacoplan — recommended as an option for treating paroxysmal nocturnal haemoglobinuria (PNH) in adults who have anaemia after at least 3 months of treatment with a C5 inhibitor. It is recommended only if the company provides pegcetacoplan according to the commercial arrangement.  |                                    | х   | 13/04/2022                              | 35                             | Not on Trust formulary. Shared with Haematology<br>Teams (09/03/22). N/A response adults, patients are<br>referred to PNH treatment centres in Leeds and<br>London. MMC deemed N/A (13/04/22). |
| Solriamfetol for treating excessive daytime sleepiness caused by obstructive sleep apnoea (TA777)  | 09/03/2022            | Solriamfetol – NOT RECOMMENDED to improve wakefulness and reduce excessive daytime sleepiness in adults with obstructive sleep apnoea whose sleepiness has not been satisfactorily treated by primary obstructive sleep apnoea therapy, such as continuous positive airway pressure (CPAP).  |                                    | х   | 13/04/2022                              | 35                             | Not on Trust formulary for this indication. Shared with Sleep Team (09/03/22). Not recommended by NICE. MMC deemed N/A (13/04/22).   |
| Pitolisant hydrochloride for treating excessive daytime sleepiness caused by obstructive sleep apnoea (TA776)  | 09/03/2022            | Pitolisant hydrochloride — NOT RECOMMENDED to improve wakefulness and reduce excessive daytime sleepiness in adults with obstructive sleep apnoea whose sleepiness has not been satisfactorily treated by primary obstructive sleep apnoea therapy such as continuous positive airway pressure (CPAP), or who cannot tolerate it.  |                                    | х   | 13/04/2022                              | 35                             | Not on Trust formulary. Shared with Sleep Team (09/03/22). Not recommended by NICE. MMC deemed N/A (13/04/22).   |
| Dapagliflozin for treating chronic kidney disease (TA775)  | 09/03/2022            | Dapagliflozin – recommended as an option for treating CKD in adults only if:  • it is an add-on to optimised standard care including the highest tolerated licensed dose of ACE inhibitors or ARBs, unless these are contraindicated, and  • people have an eGFR of 25.0 to 75.0 mL/min/1.73m² at the start of treatment and:  • have type 2 diabetes or  • have a urine albumin-to-creatinine ratio (uACR) of 22.6 mg/mmol or more. | х                                  |   | 13/04/2022                              | 35                             | Not on Trust formulary for this indication. Contacted Renal Teams (09/03/22). Fast track application submitted. MMC approved and added to the formulary for this indication (13/04/22).        |

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|  |                       | , and the second | <b>Yes</b><br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)  |  |
| Lenalidomide for relapsed or refractory mantle cell lymphoma (TERMINATED APPRAISAL) (TA774)  | 09/03/2022            | Lenalidomide — NOT RECOMMENDED for treating relapsed or refractory mantle cell lymphoma. This is because Celgene has confirmed that it does not intend to make an evidence submission for the appraisal. Celgene considers that the technology is unlikely to be used at this point in the treatment pathway.  |   | х   | 13/04/2022                              | 35                             | Not on Trust formulary for this indication. Not recommended by NICE. Shared with Haematology team (09/03/22). MMC deemed N/A (13/04/22).  |  |
| Empagliflozin for treating chronic heart failure with reduced ejection fraction (TA773)  | 09/03/2022            | Empagliflozin – recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction in adults, only if it is used as an add-on to optimised standard care with:  • an angiotensin-converting enzyme (ACE) inhibitor or angiotensin 2 receptor blocker (ARB), with a beta blocker and, if tolerated, a mineralocorticoid receptor antagonist (MRA), or  • sacubitril valsartan with a beta blocker and, if tolerated, an MRA.  | х   |   | 13/04/2022                              | 35                             | Not on Trust formulary for this indication. Contacted Cardiology Teams (09/03/22). MMC approved and added to the formulary for this indication (13/04/22)   |  |
| Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies (TA772) | 23/02/2022            | Pembrolizumab – recommended as an option for treating relapsed or refractory classical Hodgkin lymphoma in people aged 3 and older. It is recommended if they have had an autologous stem cell transplant that has not worked or they have had at least 2 previous therapies and an autologous stem cell transplant is not an option, and only if:  • they have not had brentuximab vedotin and  • the company provides pembrolizumab according to the commercial arrangement.   | х   |   | 11/11/2021                              | -104                           | On formulary in line with NHSE SSC2291 (11/11/21). MMC noted (10/03/22).  |  |
| Daratumumab with bortezomib, melphalan and prednisone for untreated multiple myeloma (TERMINATED APPRAISAL) (TA771)                              | 09/02/2022            | Daratumumab with bortezomib, melphalan & prednisone — NOT RECOMMENDED for untreated multiple myeloma when stem cell transplant is unsuitable. This is because Janssen has confirmed that it does not intend to make an evidence submission for the appraisal. Janssen considers that the technology is unlikely to be a cost-effective use of NHS resources.   |   | х   | 10/03/2022                              | 29                             | Not on Trust formulary for this indication. Not recommended by NICE. Shared with Haematology team (09/02/22). MMC deemed N/A (10/03/22).  |  |
| Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer (TA770)                               | 09/02/2022            | Pembrolizumab with carboplatin & paclitaxel – recommended as an option for untreated metastatic squamous non-small-cell lung cancer (NSCLC) in adults, only if  • their tumours express PD L1 with a tumour proportion score of 0% to 49%  • their tumours express PD L1 with a tumour proportion score of 50% or more and they need urgent clinical intervention  • it is stopped at 2 years of uninterrupted treatment or earlier if their disease progresses and  • the company provides pembrolizumab according to the commercial arrangement.   | х   |   | 10/02/2022                              | 1                              | On formulary in line with NICE TA600 (this is CDF review). Updated fast track submitted in line with NICE TA770 and NHSE SSC2324. MMC approved and added to formulary for this indication (10/02/22). |  |
| Palforzia for treating peanut allergy in children and young people (TA769)   | 02/02/2022            | Palforzia – recommended as an option for treating peanut allergy in children aged 4 to 17. It can be continued in people who turn 18 while on treatment. Palforzia should be used with a peanut-avoidant diet.   | х   |   | 10/03/2022                              | 36                             | Not on Trust formulary. Contacted Immunology teams (02/02/22). Fast track being prepared. MMC to review (10/03/22).   |  |
| Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs (TA768)   | 02/02/2022            | Upadacitinib, alone or with methotrexate — recommended as an option for treating active psoriatic arthritis in adults whose disease has not responded well enough to DMARDs or who cannot tolerate them. It is recommended only if they have peripheral arthritis with 3 or more tender joints and 3 or more swollen joints and:  • they have had 2 conventional DMARDs and at least 1 biological DMARD or  • TNF-alpha inhibitors are contraindicated but would otherwise be considered (as described in NICE TAS on etanercept, infliximab & adalimumab for the treatment of psoriatic arthritis).  • Upadacitinib is recommended only if the company provides it according to the commercial arrangement.   | х   |   | 10/03/2022                              | 36                             | Not on Trust formulary for this indication. Contacted Rheumatology team (02/02/22). Fast track submitted. MMC approved and added to formulary for this indication (10/03/22).                         |  |
| Ponesimod for treating relapsing–remitting multiple sclerosis (TA767)  | 02/02/2022            | Ponesimod – recommended for treating relapsing–remitting multiple sclerosis with active disease defined by clinical or imaging features in adults, only if the company provides ponesimod according to the commercial arrangement.   |   | х   | 10/02/2022                              | 8                              | Not on Trust formulary. Contacted Adult and Paediatric Neurology teams (02/02/22). Adult N/A patients treated at SRFT. MMC deemed N/A (10/03/22).   |  |
| Pembrolizumab for adjuvant treatment of completely resected stage 3 melanoma (TA766)   | 02/02/2022            | Pembrolizumab – recommended as an option for the adjuvant treatment of completely resected stage 3 melanoma with lymph node involvement in adults. It is recommended only if the company provides pembrolizumab according to the commercial arrangement.   |   | х   | 10/02/2022                              | 8                              | Not on Trust formulary for this indication. Contacted Neurology team (02/02/22). N/A, prescribing will be from SRFT. MMC deemed N/A (10/02/22).   |  |
| <b>Venetoclax</b> with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable ( <b>TA765</b> )              | 02/02/2022            | Venetoclax with azacitidine — recommended as an option for untreated acute myeloid leukaemia (AML) in adults when intensive chemotherapy is unsuitable. It is recommended only if the company provides venetoclax according to the commercial arrangement.   | х   |   | 10/02/2022                              | 8                              | On formulary for this indication NHSE covid-19 AML treatment (14/05/20). New fast track submitted. MMC approved (10/02/22).   |  |

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| Fremanezumab for preventing migraine (TA764)   | 02/02/2022            | Fremanezumab is recommended as an option for preventing migraine in adults, only if:  they have 4 or more migraine days a month  at least 3 preventive drug treatments have failed and  the company provides it according to the commercial arrangement.   |   | х   | 10/02/2022                              | 8                              | Not on Trust formulary. Contacted Neurology team (02/02/22). N/A, prescribing will be from SRFT. MMC deemed N/A (10/02/22).   |
| Daratumumab in combination for untreated multiple myeloma when a stem cell transplant is suitable (TA763)                                      | 02/02/2022            | Daratumumab plus bortezomib, thalidomide & dexamethasone — recommended as induction and consolidation treatment for untreated multiple myeloma in adults, when an autologous stem cell transplant is suitable. It is recommended only if the company provides daratumumab according to the commercial arrangement.   | х   |   | 10/02/2022                              | 8                              | Not on Trust formulary for this indication. Shared with Haematology team (09/02/22). Fast track for use in line with NICE TA763 and NHSE SSC2323 submitted. MMC approved and added to the formulary (10/02/22). |
| Olaparib for treating BRCA mutation-positive<br>HER2-negative metastatic breast cancer after<br>chemotherapy (TERMINATED APPRAISAL)<br>(TA762) | 02/02/2022            | Olaparib – NOT RECOMMENDED for treating BRCA mutation-positive HER2-negative metastatic breast cancer after chemotherapy. This is because AstraZeneca has confirmed that it does not intend to make a submission for the appraisal. AstraZeneca considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources for this population.   |   | х   | 10/02/2022                              | 8                              | Not on Trust formulary for this indication. Not recommended by NICE. MMC deemed N/A (10/02/22).   |
| Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection (TA761)                | 19/01/2022            | Osimertinib — recommended for use within the CDF as adjuvant treatment after complete tumour resection in adults with stage 1b to 3a non small cell lung cancer (NSCLC) whose tumours have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations. It is recommended only if:  • osimertinib is stopped at 3yrs, or earlier if there is disease recurrence or unacceptable toxicity and • the company provides osimertinib according to the managed access agreement.   | х   |   | 10/02/2022                              | 22                             | Not on Trust formulary for this indication. Fast track for use in line with NICE TA763 and NHSE SSC2323 submitted by Pulmonary Oncology team (10/01/22). MMC approved and added to the formulary (10/02/22).    |
| Selpercatinib for previously treated RET fusion-<br>positive advanced non-small-cell lung cancer<br>(TA760)                                    | 12/01/2022            | Selpercatinib – recommended for use within the CDF as an option for treating RET fusion-positive advanced non-small-cell lung cancer (NSCLC) in adults who need systemic therapy after immunotherapy, platinum-based chemotherapy or both. It is recommended only if the conditions in the managed access agreement are followed.  | х   |   | 10/02/2022                              | 29                             | Not on Trust formulary. Contacted Pulmonary Oncology team (12/01/22). Fast track submitted. MMC approved and added to formulary (10/02/22).   |
| Fostamatinib for treating refractory chronic immune thrombocytopenia (TA759)   | 07/01/2022            | Fostamatinib – NOT RECOMMENDED within its marketing authorisation, for treating refractory chronic immune thrombocytopenia in adults.  | х   |   | 10/02/2022                              | 34                             | Not on Trust formulary. Contacted Haematology team (12/01/22). N/A response. MMC deemed N/A (10/02/22).   |
| Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy (TA758)  | 05/01/2022            | Solriamfetol – recommended as an option for treating excessive daytime sleepiness in adults with narcolepsy with or without cataplexy. This is only if modafinil and either dexamfetamine or methylphenidate have not worked well enough or are not suitable.  | х   |   | 10/03/2022                              | 64                             | Not on Trust formulary. Contacted Sleep team (12/01/22). Fast track submitted. MMC approved and added to the formulary (10/03/22).  |
| Cabotegravir with rilpivirine for treating HIV-1 in adults (TA757)   | 05/01/2022            | Cabotegravir with rilpivirine — recommended as an option for treating HIV 1 infection in adults:  • with virological suppression (HIV 1 RNA fewer than 50 copies/ml) on a stable antiretroviral regimen and  • without any evidence of viral resistance to, and no previous virological failure with, any non-nucleoside reverse transcriptase inhibitors or integrase inhibitors.  • It is recommended only if the company provides it according to the commercial arrangement.   | х   |   | 10/03/2022                              | 64                             | Not on Trust formulary. Contacted HIV team (05/01/22). Fast track submitted. MMC approved and added to the formulary (10/03/22).  |
| Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis (TA756)  | 16/12/2021            | Fedratinib — recommended for use within the CDF as an option for treating disease-related splenomegaly or symptoms of primary myelofibrosis, post-polycythaemia vera myelofibrosis or post-essential thrombocythaemia myelofibrosis in adults. It is recommended only if:  • they have previously had ruxolitinib and  • the conditions in the managed access agreement for fedratinib are followed.   | х   |   | 13/01/2022                              | 28                             | Not on Trust formulary. Contacted Haematology team (16/12/21). Fast track submitted. MMC approved and added to formulary (13/01/22).  |
| Risdiplam for treating spinal muscular atrophy (TA755)   | 16/12/2021            | Risdiplam – recommended as an option for treating 5q spinal muscular atrophy (SMA) in people 2 months and older with a clinical diagnosis of SMA types 1, 2 or 3 or with pre-symptomatic SMA and 1 to 4 SMN2 copies. It is recommended only if the conditions of the managed access agreement are followed.  | Х   |   | 08/12/2021                              | -8                             | On Trust formulary (PMMC approved 08/12/21). Shared with Paediatric Neurology team (16/12/21). MMC approved and added to Formulary.   |

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|  |                       | , and the second | <b>Yes</b><br>(mark 'x' if<br>applicable)  | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |  |
| Mogamulizumab for previously treated mycosis fungoides and Sézary syndrome (TA754)   | 15/12/2021            | Mogamulizumab — recommended as an option for treating:  Sézary syndrome in adults who have had at least 1 systemic treatment. It is recommended only if the company provides mogamulizumab according to the commercial arrangement.  mycosis fungoides in adults, only if:  their condition is stage 2B or above and  they have had at least 2 systemic treatments and  the company provides mogamulizumab according to the commercial arrangement.  |  | х   | 13/01/2022                              | 29                             | Not on Trust formulary. Contacted Haematology team (15/12/21). N/A Christie. MMC deemed N/A (13/01/22).  |  |
| Cenobamate for treating focal onset seizures in epilepsy (TA753)   | 15/12/2021            | Cenobamate – recommended as an option for treating focal onset seizures with or without secondary generalised seizures in adults with drug-resistant epilepsy that has not been adequately controlled with at least 2 antiseizure medicines. It is recommended only if:  • it is used as an add-on treatment, after at least 1 other add-on treatment has not controlled seizures, and  • treatment is started in a tertiary epilepsy service.   | х  |   | 13/01/2022                              | 29                             | Not on Trust formulary. Contacted Adult and Paediatric Neurology teams (15/12/21). MMC approved and added to the formulary (13/01/22).                                     |  |
| <b>Belimumab</b> for treating active autoantibody-<br>positive systemic lupus erythematosus<br>(updates and replaces TA397) ( <b>TA752</b> )               | 15/12/2021            | Belimumab – recommended as an option as add-on treatment for active autoantibody-positive systemic lupus erythematosus in people with high disease activity despite standard treatment, only if:  • high disease activity is defined as at least 1 serological biomarker (positive anti-double-stranded DNA or low complement) and a SELENA SLEDAI score of greater than or equal to 10  • treatment is continued beyond 24 weeks only if the SELENA SLEDAI score has improved by 4 points or more.  • the company provides belimumab according to the commercial arrangement.   | х  |   | 13/01/2022                              | 29                             | On Trust formulary (TA397) for this indication (Jul-<br>16). Contacted Rheumatology (15/12/21), updated<br>fast track submitted. MMC approved (13/01/22)                   |  |
| <b>Dupilumab</b> for treating severe asthma with type 2 inflammation ( <b>TA751</b> )  | 08/12/2021            | Dupilumab (as add-on maintenance therapy) – recommended as an option for treating severe asthma with type 2 inflammation that is inadequately controlled in people 12 years and over, despite maintenance therapy with high-dose inhaled corticosteroids and another maintenance treatment, only if:  • the dosage used is 400 mg initially and then 200 mg subcutaneously every other week  • the person has agreed to and follows an optimised standard treatment plan  • the person has a blood eosinophil count of 150 cells per microlitre or more and fractional exhaled nitric oxide of 25 parts per billion or more, and has had at least 4 or more exacerbations in the previous 12 months  • the person is not eligible for mepolizumab, reslizumab or benralizumab, or has asthma that has not responded adequately to these biological therapies  • the company provides dupilumab according to the commercial arrangement.  | x  |   | 10/02/2022                              | 64                             | On Trust formulary (FOC scheme) for this indication. Contacted respiratory team (08/12/21). Updated fast track submitted. MMC approved (10/02/22).                         |  |
| Olaparib for maintenance treatment of BRCA mutation-positive metastatic pancreatic cancer after platinum-based chemotherapy (TERMINATED APPRAISAL) (TA750) | 08/12/2021            | Olaparib – NOT RECOMMENDED for for maintenance treatment of BRCA mutation-positive metastatic pancreatic cancer in adults after platinum-based chemotherapy. This is because AstraZeneca has confirmed that it does not intend to make a submission for the appraisal. AstraZeneca considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources for this population.  |  | х   | 13/01/2022                              | 36                             | Not on Trust formulary for this indication. Not recommended by NICE. Shared with HPB team for information (08/12/21). MMC deemed N/A (13/01/22).                           |  |
| Liraglutide for managing obesity in people aged 12 to 17 years (TERMINATED APPRAISAL) (TA749)  | 01/12/2021            | <b>Liraglutide</b> — <b>NOT RECOMMENDED</b> for managing obesity in people aged 12 to 17 years. This is because Novo Nordisk does not intend to provide an evidence submission for the appraisal. Novo Nordisk considers that there is not enough evidence to provide an evidence submission for this appraisal.   |  | х   | 09/12/2021                              | 8                              | Not on Trust formulary for this indication. Not recommended by NICE. Shared with adult & paediatric diabetes teams (01/12/21). MMC deemed N/A (09/12/21).                  |  |
| Mexiletine for treating the symptoms of myotonia in non-dystrophic myotonic disorders (TA748)  | 01/12/2021            | Mexiletine (Namuscla)— recommended as an option for treating the symptoms of myotonia in adults with non-dystrophic myotonic disorders. It is recommended only if the company provides mexiletine (Namuscla) according to the commercial arrangement.  | x  |   | 13/01/2022                              | 43                             | Not on Trust formulary for this indication. Shared with adult & paediatric neurology teams (01/12/21). MMC approved and added to formulary for this indication (13/01/22). |  |
| Nintedanib for treating progressive fibrosing interstitial lung diseases (TA747)   | 17/11/2021            | Nintedanib – recommended as an option for treating chronic progressive fibrosing interstitial lung diseases (PF ILD) in adults.  -   | х  |   | 10/02/2022                              | 85                             | Not on Trust formulary for this indication. Contacted Respiratory ILD team (17/11/21). Fast track submitted. MMC reviewed and added to formulary (10/02/22).               |  |
| <b>Nivolumab</b> for adjuvant treatment of resected oesophageal or gastro-oesophageal junction cancer (TA746)  | 17/11/2021            | Nivolumab – recommended for adjuvant treatment of completely resected oesophageal or gastro oesophageal junction cancer in adults who have residual disease after previous neoadjuvant chemoradiotherapy. It is recommended only if the company provides nivolumab according to the commercial arrangement.  |  | х   | 09/12/2021                              | 22                             | Not on Trust formulary for this indication. Contacted Upper GI team (17/11/21). Patients referred to the Christie. MMC deemed N/A (09/12/21).                              |  |

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|   |                       | ,   | <b>Yes</b><br>(mark 'x' if<br>applicable)       | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |  |
| NBTXR-3 for treating advanced soft tissue sarcoma (TERMINATED APPRAISAL) (TA745)  | 10/11/2021            | NBTXR 3 – NOT RECOMMENDED for treating advanced soft tissue sarcoma. This is because Nanobiotix does not intend to make an evidence submission for the appraisal. Nanobiotix considers that there is not enough evidence to provide an evidence submission for this appraisal.  |   | х   | 09/12/2021                              | 29                             | Not on Trust formulary. Shared with Haematology and Surgery teams (10/11/21). Not recommended by NICE. MMC deemed N/A (09/12/21).  |  |
| <b>Upadacitinib</b> for treating moderate rheumatoid arthritis ( <b>TA744</b> )   | 10/11/2021            | Upadacitinib, with methotrexate – recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with 2 or more conventional DMARDs, only if:  • disease is moderate (a disease activity score [DAS28] of 3.2 to 5.1) and  • the company provides upadacitinib according to the commercial arrangement.  | X   |   | 09/12/2021                              | 29                             | Not on Trust formulary for this indication. Shared with Rheumatology team (10/11/21). Fast track submitted. MMC approved and added to formulary (09/12/21).                                  |  |
| Crizanlizumab for preventing sickle cell crises in sickle cell disease (TA743)  | 03/11/2021            | Crizanlizumab – recommended as an option for preventing recurrent sickle cell crises (vaso-occlusive crises) in people aged 16 or over with sickle cell disease only if the conditions in the managed access agreement are followed.  | x   |   | 10/02/2022                              | 99                             | Not on Trust formulary. Contacted Haematology team (03/11/21). Fast track submitted. MMC approved and added to formulary (10/02/22).   |  |
| Selpercatinib for treating advanced thyroid cancer with RET alterations (TA742)   | 03/11/2021            | Selpercatinib – recommended for use within the CDF, as an option for treating:  • advanced RET fusion-positive thyroid cancer in adults who need systemic therapy after sorafenib or lenvatinib  • advanced RET-mutant medullary thyroid cancer in people 12 years and older who need systemic therapy after cabozantinib or vandetanib.  It is recommended only if the conditions in the managed access agreement are followed.  |   | x   | 11/11/2021                              | 8                              | Not on Trust formulary. Contacted Head & Neck team (03/11/21). MMC deemed N/A (11/11/21).  |  |
| Apalutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer (TA741)   | 28/10/2021            | Apalutamide plus androgen deprivation therapy (ADT) – recommended as an option for treating hormone-sensitive metastatic prostate cancer in adults, only if docetaxel is not suitable; the company provides apalutamide according to the commercial arrangement.  |   | х   | 11/11/2021                              | 14                             | Not on Trust formulary for this indication. Shared with Urology team (28/10/21). MFT not commissioned for prostate cancer. MMC deemed N/A (11/11/21).  |  |
| Apalutamide with androgen deprivation therapy for treating high-risk hormone-relapsed non-metastatic prostate cancer (TA740)                            | 28/10/2021            | Apalutamide plus androgen deprivation therapy (ADT) – recommended as an option for treating hormone relapsed non metastatic prostate cancer that is at high risk of metastasising in adults. High risk is defined as a blood prostate-specific antigen (PSA) level that has doubled in 10 months or less on continuous ADT. Recommended only if the company provides apalutamide according to the commercial arrangement.   |   | х   | 11/11/2021                              | 14                             | Not on Trust formulary for this indication. Shared with Urology team (28/10/21). MFT not commissioned for prostate cancer. MMC deemed N/A (11/11/21).  |  |
| <b>Atezolizumab</b> for untreated PD-L1-positive advanced urothelial cancer when cisplatin is unsuitable ( <b>TA739</b> )                               | 27/10/2021            | Atezolizumab – recommended as an option for untreated locally advanced or metastatic urothelial cancer in adults whose tumours express PD L1 at a level of 5% or more and when cisplatin-containing chemotherapy is unsuitable; the company provides atezolizumab according to the commercial arrangement.  |   | х   | 11/11/2021                              | 15                             | Not on Trust formulary for this indication. Contacted Urology team (27/10/21). MMC deemed N/A (11/11/21).  |  |
| Berotralstat for preventing recurrent attacks of hereditary angioedema (TA738)  | 20/10/2021            | Berotralstat – recommended as an option for preventing recurrent attacks of hereditary angioedema in people 12 years and older, only if:  • they have at least 2 attacks per month, and • it is stopped if the number of attacks per month does not reduce by at least 50% after 3 months.  It is only recommended if the company provides berotralstat according to the commercial arrangement.  | x   |   | 11/11/2021                              | 22                             | On Trust formulary for this indication (EAMS). Contacted Adult and Paediatric Immunology teams (20/10/21). Updated fast track submitted. MMC approved and added to the formulary (11/11/21). |  |
| Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer (TA737)  | 20/10/2021            | Pembrolizumab with platinum & fluoropyrimidine-based chemotherapy— recommended as an option for untreated locally advanced unresectable or metastatic carcinoma of the oesophagus or HER2 negative gastro-oesophageal junction adenocarcinoma in adults whose tumours express PD L1 with a combined positive score (CPS) of 10 or more. Pembrolizumab is only recommended if the company provides it according to the commercial arrangement.   |   | x   | 11/11/2021                              | 22                             | Not on Trust formulary for this indication. Contacted Upper GI team (20/10/21). Patients referred to the Christie. MMC deemed N/A (11/11/21).  |  |
| Nivolumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy (replacing TA490) (TA736) |                       | Nivolumab – recommended as an option for treating recurrent or metastatic 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 and  • the company provides it according to the commercial arrangement.   |   | х   | 11/11/2021                              | 22                             | Not on Trust formulary for this indication. Contacted Head & Neck team (20/10/21). MMC deemed N/A (11/11/21).  |  |
| Tofacitinib for treating juvenile idiopathic arthritis (TA735)  | 20/10/2021            | <b>Tofacitinib</b> —recommended as an option for treating active polyarticular juvenile idiopathic arthritis (JIA; rheumatoid factor positive or negative polyarthritis and extended oligoarthritis), and juvenile psoriatic arthritis in people 2 years and older. This is if their condition has responded inadequately to previous treatment with disease-modifying antirheumatic drugs (DMARDs), and only if: a TNF alpha inhibitor is not suitable or does not control the condition well enough, and; the company provides tofacitinib according to the commercial arrangement. | x   |   | 01/12/2021                              | 42                             | Not on Trust formulary for this indication. Contacted paediatric rheumatology team (20/10/21). Fast track submitted. PMMC approved and added to the formulary.                               |  |

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|   |                       | ,  | Yes<br>(mark 'x' if<br>applicable)   | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)  |  |
| Secukinumab for treating moderate to severe plaque psoriasis in children and young people (TA734)                                   | 07/10/2021            | Secukinumab – recommended as an option for treating plaque psoriasis in children and young people aged 6 to 17 years, only if the disease is severe, as defined by a total PASI of 10 or more and the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and the company provides the drug according to the commercial arrangement.   | х                                    |   | 03/11/2021                              | 27                             | Not on Trust formulary for this indication. Contacted paediatric dermatology teams (07/10/21). Fast track submitted. PMMC approved and added to formulary (03/11/21).   |  |
| Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia (TA733)  | 06/10/2021            | Inclisiran— recommended as an option for treating primary hypercholesterolaemia (heterozygous familial & non-familial) or mixed dyslipidaemia as an adjunct to diet in adults. It is recommended only if there is a history of any of the following cardiovascular events: ACS (such as myocardial infarction or unstable angina needing hospitalisation; coronary or other arterial revascularisation procedures; CHD; ischaemic stroke or PAD, and LDL-C concentrations are persistently 2.6 mmol/l or more, despite maximum tolerated lipid-lowering therapy, that is: maximum tolerated statins with or without other lipid-lowering therapies or, other lipid-lowering therapies when statins are not tolerated or are contraindicated, and the company provides inclisiran according to the commercial arrangement.  Inclisiran— recommended only in research for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia in adults who have no history of cardiovascular events.  This research is in the form of a clinical trial currently in development. | х                                    |   | 10/02/2022                              | 127                            | Not on Trust formulary. Contacted Adult and paediatric lipid teams (06/10/21). Fast track application prepared. Waiting for Primary Care issues to be resolved. MMC approved and added to the formulary (10/02/22).                 |  |
| Baloxavir marboxil for treating acute uncomplicated influenza (TERMINATED APPRAISAL) (TA732)  | 06/10/2021            | Baloxavir marboxil – NOT RECOMMENDED for treating acute uncomplicated influenza. This is because Roche has confirmed that it does not intend to make an evidence submission for the appraisal at this time. Roche considers that there is not enough evidence to provide an evidence submission for this appraisal   |                                      | х   | 11/11/2021                              | 36                             | Not on Trust formulary. Shared with Vaccine and Virology teams (06/10/21). Not recommended by NICE. MMC deemed N/A (11/11/21).  |  |
| Vericiguat for treating chronic heart failure with reduced ejection fraction (TERMINATED APPRAISAL) (TA731)                         | 29/09/2021            | Vericiguat – NOT RECOMMENDED for treating chronic heart failure with reduced ejection fraction. This is because Bayer did not provide an evidence submission for the appraisal and will not be launching the technology in the UK.   |                                      | х   | 14/10/2021                              | 15                             | Not on Trust formulary. Shared with Cardiology team (29/09/21). Not recommended by NICE. MMC deemed N/A (14/10/21).   |  |
| Avapritinib for treating unresectable or metastatic gastrointestinal stromal tumours (TERMINATED APPRAISAL) (TA730)                 | 29/09/2021            | Avapritinib – NOT RECOMMENDED for treating unresectable or metastatic gastrointestinal stromal tumours. This is because Blueprint Medicines has confirmed that it does not intend to make a submission for the appraisal and will not be launching the technology in the UK.   |                                      | х   | 14/10/2021                              | 15                             | Not on Trust formulary. Shared with Gastro team (29/09/21). Not recommended by NICE. MMC deemed N/A (14/10/21).   |  |
| Sapropterin for treating hyperphenylalaninaemia in phenylketonuria (TA729)  | 22/09/2021            | Sapropterin – recommended as an option for treating hyperphenylalaninaemia that responds to sapropterin (response as defined in the SmPC) in people with phenylketonuria (PKU), only if they are:  • under 18 and a dose of 10 mg/kg is used, only using a higher dose if target blood phenylalanine levels cannot be achieved at 10 mg/kg  • aged 18 to 21 inclusive, continuing the dose they were having before turning 18 or at a maximum dose of 10 mg/kg  • pregnant (from a positive pregnancy test until birth).  Sapropterin is recommended only if the company provides it according to the commercial arrangement.  | х                                    |   | 08/12/2021                              | 77                             | Not on Trust formulary for this indication. Contacted Adult and Paediatric Metabolic teams (22/09/21). Adult patients are treated at SRFT (23/09/21). Paeds submitted fast track. PMMC approved and added to formulary (08/12/21) . |  |
| Midostaurin for treating advanced systemic mastocytosis (TA728)   | 22/09/2021            | Midostaurin monotherapy— recommended as an option for treating aggressive systemic mastocytosis, systemic mastocytosis with associated haematological neoplasm, or mast cell leukaemia in adults. It is recommended only if the company provides midostaurin according to the commercial arrangement.  | х                                    |   | 14/10/2021                              | 22                             | Not on Trust formulary for this indication. Contacted Haematology team (22/09/21). Fast track application submitted. MMC approved and added to formulary (14/10/21).  |  |
| Isatuximab with carfilzomib and dexamethasone for treating relapsed or refractory multiple myeloma (TERMINATED APPRAISAL) (TA727)   | 22/09/2021            | Isatuximab with carfilzomib and dexamethasone— NOT RECOMMENDED for treating relapsed or refractory multiple myeloma. This is because Sanofi has confirmed that it does not intend to make an evidence submission for the appraisal. Sanofi considers that the technology is unlikely to be a cost-effective use of NHS resources.  |                                      | х   | 14/10/2021                              | 22                             | Not on Trust formulary for this indication. Shared with Haematology team (22/09/21). Not recommended by NICE. MMC deemed N/A (14/10/21).  |  |
| Daratumumab with pomalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (TERMINATED APPRAISAL) (TA726) | 22/09/2021            | Daratumumab with pomalidomide and dexamethasone— NOT RECOMMENDED for treating relapsed or refractory multiple myeloma. This is because Janssen has confirmed that it does not intend to make an evidence submission for the appraisal. Janssen considers that the technology is unlikely to be a cost-effective use of NHS resources.  |                                      | х   | 14/10/2021                              | 22                             | Not on Trust formulary for this indication. Shared with Haematology team (22/09/21). Not recommended by NICE. MMC deemed N/A (14/10/21).  |  |

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|  |                       |  | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)  |
| Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (updates & replaces TA579) (TA725) | 15/09/2021            | Abemaciclib plus fulvestrant – recommended as an option for treating hormone receptor positive, human epidermal growth factor receptor 2 (HER2) negative, locally advanced or metastatic breast cancer in adults who have had endocrine therapy only if:  • exemestane plus everolimus is the most appropriate alternative to a cyclin dependent kinase 4 and 6 (CDK 4/6) inhibitor and  • the company provides abemaciclib according to the commercial arrangement.   |                                    | х   | 14/10/2021                              | 29                             | Not on Trust formulary for this indication. Contacted Surgical Breast team (15/09/21). Eligible patients referred to Christie for treatment, MMC deemed N/A (14/10/21).           |
| <b>Nivolumab</b> with ipilimumab and chemotherapy for untreated metastatic non-small-cell lung cancer ( <b>TA724</b> )   | 08/09/2021            | Nivolumab plus ipilimumab and 2 cycles of platinum-doublet chemotherapy— NOT RECOMMENDED for untreated metastatic non-small-cell lung cancer (NSCLC) in adults whose tumours have no epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) mutations.  |                                    | х   | 14/10/2021                              | 36                             | Not on Trust formulary for this indication. Not recommended by NICE. Shared with Pulmonary Oncology team (08/09/21). MMC deemed N/A (14/10/21).                                   |
| <b>Bimekizumab</b> for treating moderate to severe plaque psoriasis ( <b>TA723</b> )   | 01/09/2021            | Bimekizumab – recommended as an option for treating plaque psoriasis in adults, only if:  • the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and  • the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and  • the company provides the drug according to the commercial arrangement.   |                                    | х   | 09/09/2021                              | 8                              | Not on Trust formulary. Contacted Dermatology team (06/09/21). MFT not commissioned for use of biologics in psoriasis, patients referred to SRFT. MMC deemed N/A (09/09/21).      |
| Pemigatinib for treating relapsed or refractory advanced cholangiocarcinoma with FGFR2 fusion or rearrangement (TA722)   | 25/08/2021            | Pemigatinib – recommended as an option for treating locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or rearrangement that has progressed after systemic therapy in adults. It is recommended only if the company provides pemigatinib according to the commercial arrangement.   |                                    | х   | 09/09/2021                              | 15                             | Not on Trust formulary. Contacted HPB team (09/09/21). Patients referred for oncology treatment at Christie Hospital. MMC deemed N/A (09/09/21).                                  |
| Abiraterone for treating newly diagnosed high-<br>risk hormone-sensitive metastatic prostate<br>cancer (TA721)   | 18/08/2021            | Abiraterone with prednisone or prednisolone plus androgen deprivation therapy (ADT) – NOT  RECOMMENDED for treating newly diagnosed high-risk hormone sensitive metastatic prostate cancer in adults.  |                                    | х   | 09/09/2021                              | 22                             | Not on Trust formulary. Shared with Urology team (09/09/21). Not recommended by NICE. MMC deemed N/A (09/09/21).  |
| Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma (TA720)   | 18/08/2021            | Chlormethine gel – recommended as an option for treating early stage (stage 1A, 1B, and 2A) mycosis fungoides-type cutaneous T cell lymphoma (MF CTCL) in adults, only if the company provides chlormethine gel according to the commercial arrangement.   |                                    | х   | 09/09/2021                              | 22                             | Not on Trust formulary. Contacted Haematology team (18/08/21). Patients referred for treatment at Christie Hospital. MMC deemed N/A (09/09/21).                                   |
| <b>Nivolumab</b> with ipilimumab for previously treated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency (TA716)      | 28/07/2021            | Nivolumab plus ipilimumab – recommended as an option for treating metastatic colorectal cancer with high microsatellite instability (MSI) or mismatch repair (MMR) deficiency after fluoropyrimidine-based combination chemotherapy. It is recommended only if the company provides nivolumab and ipilimumab according to the commercial arrangement.  |                                    | х   | 12/08/2021                              | 15                             | Not on Trust formulary for this indication. Contacted Gastroenterology team (28/07/21). Patients referred for oncology treatment at Christie Hospital. MMC deemed N/A (12/08/21). |
| Secukinumab for treating non-radiographic axial spondyloarthritis in adults (TA719)  | 21/07/2021            | Secukinumab – recommended as an option for treating active non-radiographic axial spondyloarthritis with objective signs of inflammation (shown by elevated C-reactive protein or MRI) that is not controlled well enough with non-steroidal anti-inflammatory drugs (NSAIDs) in adults. It is recommended only if:  • tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough and  • the company provides secukinumab according to the commercial arrangement.   | х                                  |   | 12/08/2021                              | 22                             | Not on Trust formulary for this indication. Contacted Rheumatology team (21/07/21). MMC approved and added to formulary (12/08/21).   |
| Ixekizumab for treating axial spondyloarthritis in adults (TA718)  | 21/07/2021            | Ixekizumab – recommended as an option for treating active ankylosing spondylitis that is not controlled well enough with conventional therapy, or active non-radiographic axial spondyloarthritis with objective signs of inflammation (shown by elevated C-reactive protein or MRI) that is not controlled well enough with non-steroidal anti-inflammatory drugs (NSAIDs), in adults. It is recommended only if:  • tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough, and  • the company provides ixekizumab according to the commercial arrangement | х                                  |   | 12/08/2021                              | 22                             | Not on Trust formulary for this indication. Contacted Rheumatology team (21/07/21). MMC approved and added to formulary (12/08/21).   |
| <b>Duvelisib</b> for treating relapsed follicular lymphoma after 2 or more systemic therapies (TERMINATED APPRAISAL) (TA717)   | 21/07/2021            | Duvelisib— NOT RECOMMENDED for treating relapsed follicular lymphoma after 2 or more systemic therapies. This is because Secura Bio has confirmed that it does not intend to make an evidence submission for the appraisal at this time. Because of limited resources, Secura Bio has chosen to focus on the greater unmet need for duvelisib in treating chronic lymphocytic leukaemia.   |                                    | х   | 12/08/2021                              | 22                             | Not on Trust formulary for this indication. Shared with Haematology team (21/07/21). MMC deemed N/A (12/08/21).   |

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| Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed (TA715) | 14/07/2021            | Adalimumab, etanercept and infliximab, all with methotrexate – recommended as options for treating active rheumatoid arthritis in adults, only if:  • intensive therapy with 2 or more conventional disease-modifying antirheumatic drugs (DMARDs) has not controlled the disease well enough and  • disease is moderate (a disease activity score [DAS28] of 3.2 to 5.1) and  • the companies provide adalimumab, etanercept and infliximab at the same or lower prices than those agreed with the Commercial Medicines Unit.  Adalimumab and etanercept can be used as monotherapy when methotrexate is contraindicated or not tolerated, when the criteria in 1.1 are met.  | х  |   | 12/08/2021                              | 29                             | Not on Trust formulary for this indication. Contacted Rheumatology team (14/07/21). MMC approved and added to formulary (12/08/21).   |  |
| Dasatinib for treating Philadelphia-<br>chromosome-positive acute lymphoblastic<br>leukaemia (TERMINATED APPRAISAL) (TA714)               | 14/07/2021            | Dasatinib— NOT RECOMMENDED for treating Philadelphia chromosome positive acute lymphoblastic leukaemia in children and adults because Bristol Myers Squibb does not intend to make a submission for the appraisal. Bristol Myers Squibb considers that there is not enough evidence to provide an evidence submission for this appraisal.  |  | х   | 12/08/2021                              | 29                             | Not on Trust formulary for this indication. Shared with Haematology team (14/07/21). MMC deemed N/A (12/08/21).   |  |
| Nivolumab for advanced non-squamous non-<br>small-cell lung cancer after chemotherapy<br>(TA713)  | 07/07/2021            | Nivolumab – recommended as an option for treating locally advanced or metastatic non-squamous non-small-cell lung cancer (NSCLC) in adults after chemotherapy, only if:  • their tumours are PD-L1 positive, and  • it is stopped at 2 yrs of uninterrupted treatment, or earlier if their disease progresses, and  • they have not had a PD-1 or PD-L1 inhibitor before.  It is recommended only if the company provides nivolumab according to the commercial arrangement.   | х  |   | 12/08/2021                              | 36                             | Not on Trust formulary for this indication. Contacted Pulmonary oncology team (07/07/21). MMC approved and added to formulary (12/08/21).   |  |
| Enzalutamide for treating hormone-sensitive metastatic prostate cancer (TA712)  | 07/07/2021            | Enzalutamide plus androgen deprivation therapy (ADT) — recommended as an option for treating hormone-sensitive metastatic prostate cancer in adults. It is only recommended if the company provides enzalutamide according to the agreed commercial arrangement.   |  | х   | 12/08/2021                              | 36                             | Not on Trust formulary for this indication. Contacted Urology team (07/07/21). MFT not commissioned for prostate cancer. MMC deemed N/A (12/08/21).   |  |
| Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs (TA711)  | 30/06/2021            | Guselkumab, alone or with methotrexate – recommended as an option for treating active psoriatic arthritis in adults whose disease has not responded well enough to DMARDs or who cannot tolerate them, only if they have:  • peripheral arthritis with 3 or more tender joints and 3 or more swollen joints  • moderate to severe psoriasis (a body surface area of at least 3% affected by plaque psoriasis and a Psoriasis Area and Severity Index [PASI] score greater than 10)  • had 2 conventional DMARDs and at least 1 biological DMARD.  Guselkumab is recommended only if the company provides it according to the commercial arrangement.   | х  |   | 12/08/2021                              | 43                             | Not on Trust formulary for this indication. Contacted Adult & Paediatric Rheumatology teams (30/06/21). Fast track submitted. MMC approved and added to formulary (12/08/21).   |  |
| Ravulizumab for treating atypical haemolytic uraemic syndrome (TA710)   | 23/06/2021            | Ravulizumab – recommended as an option for treating atypical haemolytic uraemic syndrome (aHUS) in people weighing 10 kg or more:  • who have not had a complement inhibitor before or  • whose disease has responded to at least 3 months of eculizumab treatment.  • It is recommended only if the company provides ravulizumab according to the commercial arrangement.   |  | х   | 11/11/2021                              | 141                            | Not on Trust formulary for this indication. Contacted Adult & Paediatric Haematology & Renal teams (23/06/21). Adult patients referred for treatment at Newcastle (08/07/21). Fast track submitted, MMC approved and added to formulary (11/11/21). |  |
| Pembrolizumab for untreated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency (TA709)       | 23/06/2021            | Pembrolizumab – recommended as an option for untreated metastatic colorectal cancer with high microsatellite instability (MSI) or mismatch repair (MMR) deficiency in adults, only if:  • pembrolizumab is stopped after 2 years and no documented disease progression, and  • the company provides pembrolizumab according to the commercial arrangement.   |  | х   | 08/07/2021                              | 15                             | Not on Trust formulary for this indication. Contacted Gastroenterology team (23/06/21). Patients referred for treatment at Christie Hospital. MMC deemed N/A (08/07/21).  |  |
| Budesonide orodispersible tablet for inducing remission of eosinophilic oesophagitis (TA708)  | 23/06/2021            | Budesonide (orodispersible tablet (ODT)) – recommended as an option for inducing remission of eosinophilic oesophagitis in adults.   | х  |   | 08/07/2021                              | 15                             | On Trust formulary for this indication (Dec-18). Contacted Upper GI team (15/06/21). MMC deemed compliant (08/07/21).   |  |
| <b>Nivolumab</b> for previously treated unresectable advanced or recurrent oesophageal cancer (TA707)                                     | 15/06/2021            | Nivolumab — recommended for treating unresectable advanced, recurrent or metastatic oesophageal squamous cell carcinoma in adults after fluoropyrimidine and platinum-based therapy. It is recommended only if the company provides nivolumab according to the commercial arrangement.   |  | х   | 08/07/2021                              | 23                             | Not on Trust formulary for this indication. Contacted Upper GI team (15/06/21). N/A Christie. MMC deemed N/A (08/07/21).  |  |
| Ozanimod for treating relapsing—remitting multiple sclerosis (TA706)  | 09/06/2021            | Ozanimod - NOT RECOMMENDED for treating relapsing–remitting multiple sclerosis in adults with clinical or imaging features of active disease.  |  | х   | 08/07/2021                              | 29                             | Not on Trust formulary. Not recommended by NICE. Shared with Neurology teams (09/06/21). MMC deemed N/A (08/07/21).   |  |

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|  |                       |   | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| Atezolizumab monotherapy for untreated advanced non-small-cell lung cancer (TA705)   | 02/06/2021            | Atezolizumab – recommended as an option for untreated metastatic non-small-cell lung cancer (NSCLC) in adults if:  • their tumours have PD-L1 expression on at least 50% of tumour cells or 10% of tumour-infiltrating immune cells  • their tumours do not have epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) mutations and  • the company provides atezolizumab according to the commercial arrangement.  | х                                  |   | 12/08/2021                              | 71                             | Not on Trust formulary for this indication. Contacted Pulmonary oncology team (02/06/21). Fast track submitted (09/07/21). MMC approved and added to formulary (12/08/21).   |
| Trastuzumab deruxtecan for treating HER2-<br>positive unresectable or metastatic breast<br>cancer after 2 or more anti-HER2 therapies<br>(TA704) | 26/05/2021            | Trastuzumab deruxtecan – recommended for use within the CDF as an option for treating HER2 positive unresectable or metastatic breast cancer in adults after 2 or more anti HER2 therapies. It is recommended only if the conditions in the managed access agreement are followed.  |                                    | х   | 10/06/2021                              | 15                             | Not on Trust formulary. Contacted Breast team (26/05/21) eligible patients referred to Christie for treatment (27/05/21). MMC deemed N/A (10/06/21).   |
| Ibrutinib with rituximab for untreated chronic lymphocytic leukaemia (TERMINATED APPRAISAL) (TA703)  | 26/05/2021            | <b>librutinib</b> with rituximab — <b>NOT RECOMMENDED</b> for untreated chronic lymphocytic leukaemia. This is because Janssen has confirmed that it does not intend to make an evidence submission for the appraisal. Janssen considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources for this population  |                                    | х   | 10/06/2021                              | 15                             | Not on Trust formulary. Not recommended by NICE.<br>MMC deemed N/A (10/06/21).   |
| Ibrutinib with obinutuzumab for untreated chronic lymphocytic leukaemia and small lymphocytic lymphoma (TERMINATED APPRAISAL) (TA702)            | 26/05/2021            | <b>librutinib</b> with obinutuzumab — <b>NOT RECOMMENDED</b> for untreated chronic lymphocytic leukaemia and small lymphocytic lymphoma. This is because Janssen has confirmed that it does not intend to make an evidence submission for the appraisal. Janssen considers that the technology is unlikely to be a cost-effective use of NHS resources.   |                                    | х   | 10/06/2021                              | 15                             | Not on Trust formulary. Not recommended by NICE.<br>MMC deemed N/A (10/06/21).   |
| Crisaborole for treating mild to moderate atopic dermatitis in people 2 years and older (TERMINATED APPRAISAL) (TA701)                           | 19/05/2021            | Crisaborole — NOT RECOMMENDED for treating mild to moderate atopic dermatitis in people 2 years and older. This is because Pfizer withdrew its evidence submission. The company has confirmed that it does not wish to make an evidence submission for the appraisal because currently the technology will not be launched in the UK.   |                                    | х   | 10/06/2021                              | 22                             | Not on Trust formulary. Not recommended by NICE.<br>MMC deemed N/A (10/06/21).   |
| Selinexor with low-dose dexamethasone for treating refractory multiple myeloma (TERMINATED APPRAISAL) (TA700)                                    | 19/05/2021            | Selinexor with low-dose dexamethasone — NOT RECOMMENDED for treating refractory multiple myeloma. This is because Karyopharm Therapeutics has confirmed that it does not intend to make an evidence submission for the appraisal and will not be launching the technology in the UK.  |                                    | х   | 10/06/2021                              | 22                             | Not on Trust formulary. Not recommended by NICE.<br>MMC deemed N/A (10/06/21).   |
| Ofatumumab for treating relapsing multiple sclerosis (TA699)   | 19/05/2021            | Ofatumumab — recommended as an option for treating relapsing—remitting multiple sclerosis in adults with active disease defined by clinical or imaging features. This is only if the company provides ofatumumab according to the commercial arrangement.   |                                    | х   | 10/06/2021                              | 22                             | Not on Trust formulary for this indication. Contacted Adult & Paediatric Neurology teams (19/05/21). Adult patients referred to SRFT (19/05/21). Paeds to submit fast track for patients eligible under NHSE Commissioning Medicines for Children in Specialised Services. For review at PMMC. |
| Ravulizumab for treating paroxysmal nocturnal haemoglobinuria (TA698)  | 19/05/2021            | Ravulizumab – recommended as an option for treating paroxysmal nocturnal haemoglobinuria in adults:  • with haemolysis with clinical symptoms suggesting high disease activity, or  • whose disease is clinically stable after having eculizumab for at least 6 months, and  • the company provides it according to the commercial arrangement.   |                                    | х   | 10/06/2021                              | 22                             | Not on Trust formulary for this indication. Contacted Haemtology team (19/05/21). Patients referred to centres in Leeds or London (19/05/21). MMC deemed N/A (10/06/21).   |
| Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban (TA697)  | 12/05/2021            | Andexanet alfa — recommended as an option for reversing anticoagulation from apixaban or rivaroxaban in adults with life-threatening or uncontrolled bleeding, only if:  • the bleed is in the gastrointestinal tract, and  • the company provides andexanet alfa according to the commercial arrangement.  Andexanet alfa — recommended only in research for reversing anticoagulation from apixaban or rivaroxaban in adults with life-threatening or uncontrolled bleeding in the skull (intracranial haemorrhage; ICH), in the form of an ongoing randomised trial mandated by the regulator. | х                                  |   | 08/07/2021                              | 57                             | Not on Trust formulary for this indication. Multidisciplinary team to submit Fast track. MMC approved and added to the formulary for this indication (08/07/21).   |
| Tafamidis for treating transthyretin amyloidosis with cardiomyopathy (TA696)   | 12/05/2021            | Tafamidis — NOT RECOMMENDED, within its marketing authorisation, for treating wild-type or hereditary transthyretin amyloidosis with cardiomyopathy (ATTR CM) in adults.  |                                    | х   | 10/06/2021                              | 29                             | Not on Trust formulary. Not recommended by NICE. MMC deemed N/A (10/06/21).  |

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|   |                       |   | <b>Yes</b><br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days)     | Notes (e.g. rationale, method of making available)  |
| Carfilzomib with dexamethasone and lenalidomide for previously treated multiple myeloma (TA695)                               | 28/04/2021            | Carfilzomib plus lenalidomide and dexamethasone is recommended as an option for treating multiple myeloma in adults, only if:  they have had only 1 previous therapy, which included bortezomib, and the company provides carfilzomib according to the commercial arrangement.  | х   |   | 13/05/2021                              | 15                                 | Not on Trust formulary for this indication. Contacted Haematology team (28/04/21). Fast track submitted (30/04/21). MMC approved and added to the formulary for this indication (13/05/21). |
| <b>Bempedoic acid</b> with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia ( <b>TA694</b> )       | 28/04/2021            | Bempedoic acid with ezetimibe – recommended as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults. It is recommended only if:  • statins are contraindicated or not tolerated,  • ezetimibe alone does not control low-density lipoprotein cholesterol well enough, and  • the company provides bempedoic acid and bempedoic acid with ezetimibe according to the commercial arrangement.  Bempedoic acid with ezetimibe can be used as separate tablets or a fixed-dose combination.                                 | x   |   | 10/06/2021                              | 43                                 | Not on Trust formulary. Contacted Lipid Clinic team (28/04/21). Fast track submitted (27/05/21). MMC approved and added to the formulary for this indication (10/06/21).                    |
| Olaparib plus bevacizumab for maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer (TA693)  | 28/04/2021            | Olaparib plus bevacizumab – recommended for use within the CDF as an option for maintenance treatment of advanced (International Federation of Gynecology and Obstetrics [FIGO] stages 3 and 4) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults when:  • there has been a complete or partial response after first-line platinum-based chemotherapy plus bevacizumab, and  • the cancer is associated with homologous recombination deficiency (HRD).  • It is recommended only if the conditions in the managed access agreement for olaparib are followed.                       |   | х   | 13/05/2021                              | 15                                 | Not on Trust formulary for this indication. Contacted Gynaecological Oncology team (28/04/21). MMC deemed N/A - patients referred to the Christie Hospital (13/05/21).                      |
| Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy (TA692) | 28/04/2021            | Pembrolizumab – NOT RECOMMENDED, within its marketing authorisation, for treating locally advanced or metastatic urothelial carcinoma in adults who have had platinum-containing chemotherapy.  This recommendation is not intended to affect treatment with pembrolizumab that was started in the Cancer Drugs Fund before this guidance was published. For those people, pembrolizumab will be funded by the company until they and their NHS clinician consider it appropriate to stop.  |   | х   | 13/05/2021                              | 15                                 | Not on Trust formulary for this indication. Not recommended by NICE. MMC deemed N/A (13/05/21).   |
| Avelumab for untreated metastatic Merkel cell carcinoma (TA691)   | 21/04/2021            | Avelumab — recommended as an option for treating metastatic Merkel cell carcinoma in adults who have not had chemotherapy for metastatic disease. It is recommended only if the company provides avelumab according to the commercial arrangement.  |   | х   | 13/05/2021                              | 22                                 | Not on Trust formulary for this indication. Contacted Dermatology team (21/04/21). MMC deemed N/A - patients referred to the Christie Hospital (13/05/21).                                  |
| Teduglutide for treating short bowel syndrome (TERMINATED APPRAISAL) (TA690)  | 21/04/2021            | <b>Teduglutide</b> — <b>NOT RECOMMENDED</b> for short bowel syndrome in people 1 year and over because Takeda withdrew its evidence submission. Another company has confirmed that it wishes to make a new submission for the appraisal.  |   | х   | 13/05/2021                              | 22                                 | Not on Trust formulary. Not recommended by NICE.<br>MMC deemed N/A (13/05/21).  |
| Acalabrutinib for treating chronic lymphocytic leukaemia (TA689)  | 21/04/2021            | Acalabrutinib as monotherapy – recommended as an option for untreated chronic lymphocytic leukaemia (CLL) in adults, only if:  • there is a 17p deletion or TP53 mutation, or  • there is no 17p deletion or TP53 mutation, and fludarabine plus cyclophosphamide and rituximab (FCR), or bendamustine plus rituximab (BR) is unsuitable, and  • the company provides the drug according to the commercial arrangement.  Acalabrutinib as monotherapy – recommended as an option for previously treated CLL in adults. It is recommended only if the company provides the drug according to the commercial arrangement. | х   |   | 11/02/2021                              | -69                                | MMC approved and on Trust formulary for this indication (11/02/21).   |
|   |                       |   | 40  | 54  |   | A.,                                |   |
|   |                       |   | % "Yes"                                   | % "N/A"                                   | -                                       | Average<br>implement<br>time(days) |   |
| Adherence statistics for 2021-22  |                       |   | 43%                                       | 57%                                       |   | 27                                 |   |



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|   | 10.000                |   | <b>Yes</b><br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)  |
| Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (TA687)                              | 31/03/2021            | Ribociclib plus fulvestrant – recommended as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer in adults who have had previous endocrine therapy only if:  • exemestane plus everolimus is the most appropriate alternative to a cyclin-dependent kinase 4 and 6 (CDK 4/6) inhibitor, and  • the company provides ribociclib according to the commercial arrangement.  |   | Х   | 08/04/2021                              | 8                              | Not on Trust formulary. Contacted Breast team (31/03/21) eligible patients referred to Christie for treatment (10/03/21). MMC deemed N/A, added to the formulary for this indication, not stocked (08/04/21). |
| Blinatumomab for previously treated Philadelphia-chromosome-positive acute lymphoblastic leukaemia (TERMINATED APPRAISAL) (TA686)                                     | 31/03/2021            | Blinatumomab — NOT RECOMMENDED for treating Philadelphia-chromosome-positive relapsed or refractory acute lymphoblastic leukaemia. This is because Amgen UK has confirmed that it does not intend to make an evidence submission for the appraisal. Amgen UK considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources for this population.   |   | х   | 08/04/2021                              | 8                              | Not on Trust formulary for this indication.<br>Terminated appraisal by NICE. MMC deemed N/A<br>(08/04/21).  |
| Anakinra for treating Still's disease (TA685)   | 31/03/2021            | Anakinra – recommended as an option for treating Still's disease with moderate to high disease activity, or continued disease activity after non-steroidal anti-inflammatory drugs (NSAIDs) or glucocorticoids. It is only recommended for:  • adult-onset Still's disease that has responded inadequately to 2 or more conventional disease-modifying antirheumatic drugs (DMARDs)  • systemic juvenile idiopathic arthritis in people 8 months and older with a body weight of 10kg or more that has not responded to at least 1 conventional DMARD.  | х   |   | 13/05/2021                              | 43                             | On Trust formulary for this indication. Contacted Rheumatology team (31/03/21). Updated fast track application to be submitted for adult. MMC approved (13/05/21).  |
| <b>Nivolumab</b> for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease (updates & replaces TA558) ( <b>TA684</b> ) | 17/03/2021            | Nivolumab — recommended as an option for the adjuvant treatment of completely resected melanoma in adults with lymph node involvement or metastatic disease. It is recommended only if the company provides nivolumab according to the commercial arrangement.  |   | x   | 08/04/2021                              | 22                             | On formulary for this indication (Feb-19). Updated guidance. Contacted Dermatology team (17/03/21). N/A eligible patients referred to the Christie for treatment. MMC deemed N/A (08/04/21).                  |
| Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer (updates & replaces TA557) (TA683)         | 10/03/2021            | Pembrolizumab with pemetrexed and platinum chemotherapy — recommended as an option for untreated, metastatic, non-squamous non-small-cell lung cancer (NSCLC) in adults whose tumours have no epidermal growth factor receptor (EGFR) positive or anaplastic lymphoma kinase (ALK) positive mutations. This is only if: it is stopped at 2 years of uninterrupted treatment, or earlier if the disease progresses and; the company provides pembrolizumab according to the commercial arrangement.  | х   |   | 13/05/2021                              | 64                             | Not on Trust formulary for this indication. Contacted Respiratory Oncology team (10/03/21). Fast track submitted (09/04/21). MMC approved (13/05/21).   |
| Erenumab for preventing migraine (TA682)  | 10/03/2021            | Erenumab – recommended as an option for preventing migraine in adults, only if: they have 4 or more migraine days a month; at least 3 preventive drug treatments have failed; the 140 mg dose of erenumab is used and the company provides it according to the commercial arrangement.  Stop erenumab after 12 weeks of treatment if: in episodic migraine (less than 15 headache days a month) the frequency does not reduce by at least 50%; in chronic migraine (15 headache days a month or more with at least 8 of those having features of migraine) the frequency does not reduce by at least 30%. |   | x   | 08/04/2021                              | 29                             | Not on Trust formulary. Contacted Neurology team who confirmed on formulary at SRFT and eligible patients referred for treatment (10/03/21). MMC deemed N/A (08/04/21).                                       |
| Baricitinib for treating moderate to severe atopic dermatitis (TA681)   | 03/03/2021            | Baricitinib – recommended as an option for treating moderate to severe atopic dermatitis in adults, only if: the disease has not responded to at least 1 systemic immunosuppressant, such as ciclosporin, methotrexate, azathioprine and mycophenolate mofetil, or these are not suitable, and; the company provides it according to the commercial arrangement.  |   | х   | 08/04/2021                              | 36                             | Not on Trust formulary for this indication. Contacted Dermatology team (03/03/21). Not currently commissioned to provide treatment for atopic dermatitis in adults. MMC deemed N/A (08/04/21).                |
| Lenalidomide maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma (TA680)  | 03/03/2021            | Lenalidomide — recommended as maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma in adults, only if: the dosage schedule is 10 mg per day on days 1 to 21 of a 28 day cycle and; the company provides lenalidomide according to the commercial arrangement.  -   | х   |   | 11/02/2021                              | -20                            | Not on Trust formulary for this indication. Haematology team submitted NHSE fast track for this indication (09/02/21). MMC approved and added to the formulary for this indication (11/02/21).                |

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| 0   | nereuse               | maidated by twee  | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to implement (days) | Notes (e.g. rationale, method of making available)   |
| Dapagliflozin for treating chronic heart failure with reduced ejection fraction (TA679)   | 24/02/2021            | Dapagliflozin – recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction in adults, only if it is used as an add-on to optimised standard care with:  • angiotensin-converting enzyme (ACE) inhibitors or angiotensin 2 receptor blockers (ARBs), with beta blockers, and, if tolerated, mineralocorticoid receptor antagonists (MRAs), or  • sacubitril valsartan, with beta blockers, and, if tolerated, MRAs.  | х                                  |   | 11/03/2021                              | 15                       | Not on Trust formulary for this indication. Contacted Cardiology team (24/02/21). Fast track submitted (01/03/21). MMC approved and added to the formulary for this indication (11/03/21). |
| Omalizumab for treating chronic rhinosinusitis with nasal polyps (TERMINATED APPRAISAL) (TA678)   | 24/02/2021            | Omalizumab – NOT RECOMMENDED for treating chronic rhinosinusitis with nasal polyps because Novartis Pharmaceuticals did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology will not be launched in the UK for treating this indication.  |                                    | х   | 11/03/2021                              | 15                       | Not on Trust formulary for this indication. Terminated appraisal by NICE. MMC deemed N/A (11/03/21).   |
| Autologous anti-CD19-transduced CD3+ cells<br>for treating relapsed or refractory mantle cell<br>lymphoma (TA677)   | 24/02/2021            | Autologous anti-CD19-transduced CD3+ cells – recommended for use within the CDF as an option for relapsed or refractory mantle cell lymphoma in adults who have previously had a Bruton's tyrosine kinase (BTK) inhibitor. It is only recommended if the conditions in the managed access agreement for autologous anti CD19 transduced CD3+ cells treatment are followed.  | х                                  |   | 11/02/2021                              | -13                      | On Trust formulary. MMC approved and added to the formulary for this indication (11/02/21).  |
| Filgotinib for treating moderate to severe rheumatoid arthritis (TA676)   | 24/02/2021            | Filgotinib, with methotrexate—recommended as an option for treating active RA in adults whose disease has responded inadequately to intensive therapy with 2 or more conventional DMARDs, only if: disease is moderate or severe DAS28 score of 3.2 or more) and; the company provides filgotinib according to the commercial arrangement.  Filgotinib, 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, only if: disease is severe (a DAS28 of more than 5.1) and they cannot have rituximab and the company provides filgotinib according to the commercial arrangement.  Filgotinib, 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, only if: disease is severe (a DAS28 of more than 5.1) and; the company provides filgotinib according to the commercial arrangement.  Filgotinib can be used as monotherapy when methotrexate is contraindicated or if people cannot tolerate it, when the criteria in sections 1.1, 1.2 or 1.3 are met. | x                                  |   | 08/04/2021                              | 43                       | Not on Trust formulary. Contacted Rheumatology team (24/02/21). MMC approved and added to the formulary for this indication (08/04/21).  |
| Vernakalant for the rapid conversion of recent<br>onset atrial fibrillation to sinus rhythm<br>(TERMINATED APPRAISAL) (TA675)   | 17/02/2021            | Vernakalant – NOT RECOMMENDED for or the rapid conversion of recent onset atrial fibrillation to sinus rhythm in adults. This is because Correvio Ltd did not provide an evidence submission to NICE. Decisiob to be reviewed if the company decides to make a submission.  |                                    | х   | 11/03/2021                              | 22                       | Not on Trust formulary. Terminated appraisal by NICE. MMC deemed N/A (11/03/21).   |
| Pembrolizumab for untreated PD-L1-positive, locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (TERMINATED APPRAISAL) (replacing TA522) (TA674)              | 17/02/2021            | Pembrolizumab – NOT RECOMMENDED for untreated PD-L1-positive, locally advanced or metastatic urothelial cancer when cisplatin is unsuitable in adults. This is because Merck Sharp & Dohme did not provide a complete evidence submission to NICE.  |                                    | х   | 11/03/2021                              | 22                       | Not on Trust formulary for this indication.<br>Terminated appraisal by NICE. MMC deemed N/A<br>(11/03/21).   |
| <b>Niraparib</b> for maintenance treatment of<br>advanced ovarian, fallopian tube and<br>peritoneal cancer after response to first-line<br>platinum-based chemotherapy ( <b>TA673</b> ) | 17/02/2021            | Niraparib – recommended for use within the CDF as an option for maintenance treatment for advanced (FIGO stages 3 and 4) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer after response to first-line platinum-based chemotherapy in adults. It is recommended only if the conditions in the managed access agreement for niraparib are followed.  |                                    | х   | 11/03/2021                              | 22                       | Not on Trust formulary for this indication. Contacted Gynaecological oncology team, eligible patients referred to the Christie Hospital (17/02/21). MMC deemed N/A (11/03/21).             |
| <b>Brigatinib</b> for ALK-positive advanced non-small-cell lung cancer that has not been previously treated with an ALK inhibitor ( <b>TA670</b> )                                      | 27/01/2021            | Brigatinib – recommended as an option for treating anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) that has not been previously treated with an ALK inhibitor in adults. It is recommended only if the company provides brigatinib according to the commercial arrangement.   | х                                  |   | 14/02/2021                              | 18                       | Not on Trust formulary for this indication. Lung Cancer team submitted fast track application (11/02/21). MMC approved and added to the formulary for this indication (14/02/21).          |
| <b>Trifluridine–tipiracil</b> for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more therapies ( <b>TA669</b> )                           | 27/01/2021            | Trifluridine-tipiracil – NOT RECOMMENDED for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma in adults who have had 2 or more systemic treatment regimens.   |                                    | х   | 11/02/2021                              | 15                       | Not on Trust formulary for this indication. Contacted Gastro team (27/01/21). N/A response (28/01/21). MMC deemed N/A (11/02/21).  |

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|   |                       | ,, ·   | <b>Yes</b><br>(mark 'x' if<br>applicable)   | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| <b>Encorafenib</b> plus cetuximab for previously treated BRAF V600E mutation-positive metastatic colorectal cancer ( <b>TA668</b> ) | 06/01/2021            | Encorafenib plus cetuximab – recommended as an option for treating BRAF V600E mutation-positive metastatic colorectal cancer in adults who have had previous systemic treatment. It is recommended only if the company provides it according to the commercial arrangements.   |   | x   | 14/01/2021                              | 8                              | Not on Trust formulary for this indication. Contacted Colorectal team (06/01/21). N/A response, patients referred to the Christie Hospital (06/01/21). MMC deemed N/A (14/01/21).  |
| Caplacizumab with plasma exchange and immunosuppression for treating acute acquired thrombotic thrombocytopenic purpura (TA667)     | 16/12/2020            | Caplacizumab with plasma exchange and immunosuppression—recommended as an option for treating an acute episode of acquired thrombotic thrombocytopenic purpura (TTP) in adults, and in young people aged 12 years and over who weigh at least 40kg. Treatment should be started and supervised by physicians experienced in managing thrombotic microangiopathies. It is recommended only if the company provides caplacizumab according to the commercial arrangement.  |   | х   | 14/01/2021                              | 29                             | Not on Trust formulary for this indication. Contacted Haematology team (16/12/20). N/A response, patients referred to the Royal Liverpool and Broadgreen University Hospitals NHS Trust (16/12/20). MMC deemed N/A (14/01/21). |
| Atezolizumab with bevacizumab for treating advanced or unresectable hepatocellular carcinoma (TA666)                                | 16/12/2020            | Atezolizumab plus bevacizumab – recommended as an option for treating advanced or unresectable hepatocellular carcinoma (HCC) in adults who have not had previous systemic treatment, only if they have Child Pugh grade A liver impairment and an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 and; the company provides it according to the commercial arrangement.  |   | х   | 14/01/2021                              | 29                             | Not on Trust formulary for this indication. Contacted Hepatology (16/12/20). N/A response, patients referred to the Christie Hospital (16/12/20). MMC deemed N/A (14/01/21).   |
| Liraglutide for managing overweight and obesity (TA664)   | 09/12/2020            | Liraglutide – recommended as an option for managing overweight and obesity alongside a reduced-calorie diet and increased physical activity in adults, only if they have a BMI of at least 35 kg/m² (or at least 32.5 kg/m² for members of minority ethnic groups known to be at equivalent risk of the consequences of obesity at a lower BMI than the white population) and; they have non-diabetic hyperglycaemia (defined as a haemoglobin ALc level of 42 mmol/mol to 47 mmol/mol [6.0% to 6.4%] or a fasting plasma glucose level of 5.5 mmol/L to 6.9 mmol/L) and; they have a high risk of cardiovacular disease based on risk factors such as hypertension and dyslipidaemia; and it is prescribed in 2 <sup>RY</sup> care by a specialist multidisciplinary tier 3 weight management service and; the company provides it according to the commercial arrangement. | х   |   | 11/02/2021                              | 64                             | Not on Trust formulary for this indication. Contacted Diabetes team (09/12/20). Fast track application to be submitted (09/12/20). MMC approved (11/02/21)   |
| Venetoclax with obinutuzumab for untreated chronic lymphocytic leukaemia (TA663)  | 09/12/2020            | Venetoclax plus obinutuzumab – recommended as an option for untreated chronic lymphocytic leukaemia (CLL) in adults, only if there is a 17p deletion or TP53 mutation, or; there is no 17p deletion or TP53 mutation, and fludarabine plus cyclophosphamide and rituximab (FCR), or bendamustine plus rituximab (BR), is unsuitable, and; the companies provide the drugs according to the commercial arrangements.  Venetoclax plus obinutuzumab – recommended for use within the CDF as an option for untreated CLL in adults, only if there is no 17p deletion or TP53 mutation, and FCR or BR is suitable, and; the conditions in the MAA for venetoclax plus obinutuzumab are followed.   | x   |   | 14/01/2021                              | 36                             | Not on Trust formulary with obinutuzumab for this indication. Contacted Haematology team (09/12/20). Fast track submitted (09/12/20). MMC approved and added to formulary for this indication (14/01/21).                      |
| Durvalumab in combination for untreated extensive-stage small-cell lung cancer (TA662) (TERMINATED APPRAISAL)                       | 25/11/2020            | Durvalumab – NOT RECOMMENDED in combination for untreated extensive-stage small-cell lung cancer because AstraZeneca withdrew its evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology is unlikely to be a cost-effective use of NHS resources.  |   | х   | 10/12/2020                              | 15                             | Not on Trust formulary for this indication. Terminated appraisal by NICE. MMC deemed N/A (10/12/20).   |
| Darolutamide with androgen deprivation therapy for treating hormone-relapsed non-metastatic prostate cancer (TA660)                 | 25/11/2020            | Darolutamide with androgen deprivation therapy (ADT)— recommended as an option for treating hormone-relapsed prostate cancer in adults at high risk of developing metastatic disease. It is recommended only if the company provides darolutamide according to the commercial arrangement.   |   | х   | 10/12/2020                              | 15                             | Not on Trust formulary. Contacted Adult Urology team (26/11/20). Eligible patients referred to the Christie Hospital (08/12/20). MMC deemed N/A (10/12/20).  |
| Galcanezumab for preventing migraine (TA659)  | 18/11/2020            | Galcanezumab – recommended as an option for preventing migraine in adults, only if they have 4 or more migraine days a month; at least 3 preventive drug treatments have failed and; the company provides it according to the commercial arrangement.  |   | х   | 10/12/2020                              | 22                             | Not on Trust formulary. Contacted Adult and Paediatric neurology teams (26/11/20). MMC approved and added to formulary for this indication not stocked (10/09/20).   |
| Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma (TA658)                        | 18/11/2020            | Isatuximab, plus pomalidomide and dexamethasone— recommended for use within the CDF as an option for treating relapsed and refractory multiple myeloma in adults who have had lenalidomide and a proteasome inhibitor, and whose disease has progressed on their last treatment, only if they have had 3 previous lines of treatment and the conditions in the managed access agreement for isatuximab plus pomalidomide and dexamethasone are followed.   | х   |   | 12/11/2020                              | -6                             | On Trust formulary for this indication (EAMS approved (Jan-20). Haematology team submitted fast track. Approved by MMC and added to the formulary for this indication (FAD) (12/11/20).  |

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|  | nereuse               |   | Yes<br>(mark 'x' if<br>applicable)   | N/A<br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |  |  |
| <b>Siponimod</b> for treating secondary progressive multiple sclerosis ( <b>TA656</b> )  | 18/11/2020            | Siponimod – recommended as an option for treating secondary progressive multiple sclerosis with evidence of active disease (that is, relapses or imaging features of inflammatory activity) in adults. It is recommended only if the company provides siponimod according to the commercial arrangement.  |                                      | х                                  | 10/12/2020                              | 22                             | Not on Trust formulary. N/A response from Adult neurology team, patients treated at SRFT. Paediatric neurology response N/A (26/11/20). To be reviewed by MMC (10/12/20).  |  |  |
| Nivolumab for advanced squamous non-small-<br>cell lung cancer after chemotherapy (TA655)  | 21/10/2020            | Nivolumab – recommended as an option for treating locally advanced or metastatic squamous non-small-cell lung cancer (NSCLC) in adults after chemotherapy, only if it is stopped at 2 years of uninterrupted treatment, or earlier if their disease progresses and they have not had a PD-1 or PD-L1 inhibitor before. It is recommended only if the company provides nivolumab according to the commercial arrangement.  | x                                    |                                    | 12/11/2020                              | 22                             | Not on Trust formulary for this indication. Lung Cancer team submitted fast track application (06/11/20). MMC approved and added to the formulary for this indication (12/11/20).  |  |  |
| Osimertinib for untreated EGFR mutation-<br>positive non-small-cell lung cancer (replacing<br>TA621) (TA654)   | 14/10/2020            | Osimertinib – recommended as an option for untreated locally advanced or metastatic epidermal growth factor receptor (EGFR) mutation-positive non-small-cell lung cancer (NSCLC) in adults. It is recommended only if the company provides osimertinib according to the commercial arrangement.   | x                                    |                                    | 12/11/2020                              | 29                             | Not on Trust formulary for this indication. Lung Cancer team submitted fast track application (06/11/20). MMC approved and added to the formulary for this indication (12/11/20).  |  |  |
| Alpelisib with fulvestrant for treating hormone-<br>receptor positive, HER2-negative, PIK3CA-<br>positive advanced breast cancer (TA652)<br>(TERMINATED APPRAISAL) | 07/10/2020            | Alpelisib – NOT RECOMMENDED with fulvestrant for treating hormone-receptor positive, HER2-negative, PIK3CA-positive advanced breast cancer because Novartis did not provide an evidence submission to NICE.   |                                      | х                                  | 12/11/2020                              | 36                             | Not on Trust formulary. Terminated appraisal by NICE. MMC deemed N/A (12/11/20).   |  |  |
| Naldemedine for treating opioid-induced constipation (TA651)   | 30/09/2020            | Naldemedine – recommended, within its marketing authorisation, as an option for treating opioid-induced constipation in adults who have had laxative treatment.   | х                                    |                                    | 12/11/2020                              | 43                             | Not on Trust formulary. Contacted Gastro, Surgical and Medicine teams (30/09/20). Fast track application submitted (06/11/20). Approved by MMC and added to the formulary for this indication (12/11/20).  |  |  |
| Pembrolizumab with axitinib for untreated advanced renal cell carcinoma (TA650)  | 30/09/2020            | Pembrolizumab with axitinib – NOT RECOMMENDED within its marketing authorisation, for untreated advanced renal cell carcinoma in adults.  |                                      | х                                  | 08/10/2020                              | 8                              | Not on Trust formulary for this indication. Surgical & Renal Teams confirmed compliance with non-use (30/09/20). MMC deemed N/A (08/10/20).  |  |  |
| Polatuzumab vedotin with rituximab and<br>bendamustine for treating relapsed or<br>refractory diffuse large B-cell lymphoma<br>(TA649)                             | 23/09/2020            | Polatuzumab vedotin with rituximab and bendamustine— recommended as an option for treating relapsed or refractory diffuse large B cell lymphoma in adults who cannot have a haematopoietic stem cell transplant. It is recommended only if the company provides polatuzumab vedotin according to the commercial arrangement.  | х                                    |                                    | 08/10/2020                              | 15                             | Not on Trust formulary. Contacted Haematology Oncology teams (23/09/20); submitted fast track application (24/09/20). Approved by MMC and added to the formulary for this indication (08/10/20).   |  |  |
| Dupilumab for treating chronic rhinosinusitis with nasal polyps (TA648) (TERMINATED APPRAISAL)   | 09/09/2020            | Dupilumab – NOT RECOMMENDED for treating chronic rhinosinusitis with nasal polyps because Sanofi did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because there is unlikely to be sufficient evidence that the technology is a cost-effective use of NHS resources in this population.  |                                      | х                                  | 08/10/2020                              | 29                             | Not on Trust formulary for this indication.<br>Terminated appraisal by NICE. MMC deemed N/A<br>(08/10/20).   |  |  |
| Eculizumab for treating relapsing neuromyelitis optica (TA647) (TERMINATED APPRAISAL)  | 02/09/2020            | Eculizumab – NOT RECOMMENDED for treating relapsing neuromyelitis optica because Alexion Pharma UK did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology will not be launched in the UK for this indication.  |                                      | х                                  | 10/09/2020                              | 8                              | Not on Trust formulary for this indication.<br>Terminated appraisal by NICE. MMC deemed N/A<br>(10/09/20).   |  |  |
| Avelumab with axitinib for untreated advanced renal cell carcinoma (TA645)   | 02/09/2020            | Avelumab with axitinib – recommended for use within the CDF as an option for untreated advanced renal cell carcinoma in adults. It is recommended only if the conditions in the managed access agreement for avelumab with axitinib are followed.   |                                      | х                                  | 10/09/2020                              | 8                              | Not on Trust formulary for this indication. Contacted Surgical and Renal teams (02/09/20). N/A responses (02/09/20), eleigible patients referred to the Christie Hospital. MMC approved and added to formulary for this indication - not stocked (10/09/20). |  |  |
| Entrectinib for treating NTRK fusion-positive solid tumours (TA644)  | 12/08/2020            | Entrectinib – recommended for use within the CDF as an option for treating neurotrophic tyrosine receptor kinase (NTRK) fusion-positive solid tumours in adults and children 12 years and older if the disease is locally advanced or metastatic or surgery could cause severe health problems and; they have not had an NTRK inhibitor before and; they have no satisfactory treatment options. It is recommended only if the conditions in the managed access agreement for entrectinib are followed. | x                                    |                                    | 10/09/2020                              | 29                             | Not on Trust formulary. Contacted Haematology Oncology teams (12/08/20); submitted fast track application (12/08/20). MMC approved and added to formulary for this indication (10/09/20).  |  |  |

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|  |                       | , <b>,</b> .   | <b>Yes</b><br>(mark 'x' if<br>applicable)   | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| Entrectinib for treating ROS1-positive advanced non-small-cell lung cancer (TA643)   | 12/08/2020            | Entrectinib – recommended, within its marketing authorisation, as an option for treating ROS1-positive advanced non-small-cell lung cancer (NSCLC) in adults who have not had ROS1 inhibitors. It is recommended only if the company provides entrectinib according to the commercial arrangement.   | х   |   | 10/09/2020                              | 29                             | Not on Trust formulary. Contacted Respiratory Oncology teams (12/08/20); submitted fast track application (12/08/20). MMC approved and added to formulary for this indication (10/09/20).  |
| Gilteritinib for treating relapsed or refractory acute myeloid leukaemia (TA642)   | 12/08/2020            | Gilteritinib monotherapy – recommended as an option for treating relapsed or refractory FLT3 mutation-positive acute myeloid leukaemia (AML) in adults only if the company provides gilteritinib according to the commercial arrangement.  | х   |   | 14/05/2020                              | -90                            | On Trust formulary for this indication. Haem team previously submitted fast track application for SSC2162. MMC approved and added to formulary for this indication (14/05/20).   |
| Brentuximab vedotin in combination for untreated systemic anaplastic large cell lymphoma (TA641)                                     | 12/08/2020            | Brentuximab vedotin with cyclophosphamide, doxorubicin and prednisone (CHP)— recommended, within its marketing authorisation, as an option for untreated systemic anaplastic large cell lymphoma in adults. It is only recommended if the company provides brentuximab vedotin according to the commercial arrangement.  | x   |   | 13/08/2020                              | 1                              | Not on Trust formulary for this indication. Contacted Haematology team (12/08/20). Haem team previously submitted fast track application for SSC2155. MMC approved and added to formulary for this indication (13/08/20).                                      |
| <b>Treosulfan</b> with fludarabine for malignant disease before allogeneic stem cell transplant ( <b>TA640</b> )                     | 05/08/2020            | Treosulfan with fludarabine – recommended as an option for conditioning treatment before allogeneic haematopoietic stem cell transplant (allo-HSCT) for people with malignant diseases for whom a reduced intensity regimen, such as low-dose busulfan with fludarabine, would be suitable.  | х   |   | 10/09/2020                              | 36                             | Not on Trust formulary for this indication. Contacted Haematology team (05/08/20). Haem team submitted fast track application (05/08/20). MMC approved and added to formulary for this indication (10/09/20).  |
| Atezolizumab with nab-paclitaxel for untreated PD-L1-positive, locally advanced or metastatic, triple-negative breast cancer (TA639) | 01/07/2020            | Atezolizumab with nab paclitaxel— recommended for treating triple-negative, unresectable, locally advanced or metastatic breast cancer in adults whose tumours express PD-level of 1% or more and who have not had previous chemotherapy for metastatic disease. It is recommended only if the company provides atezolizumab according to the commercial arrangement.                                    |   | х   | 13/08/2020                              | 43                             | Not on Trust formulary for this indication. Contacted Surgery Oncology team (01/07/20). N/A response eligible patients to be referred to the Christie Hospital (07/07/20). MMC deemed N/A, added to the formulary for this indication, not stocked (13/08/20). |
| Atezolizumab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer (TA638)                             | 01/07/2020            | Atezolizumab with carboplatin and etoposide— recommended as an option for untreated extensive-stage small-cell lung cancer in adults, only if:  • they have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, and  • the company provides atezolizumab according to the commercial arrangement.   | х   |   | 13/08/2020                              | 43                             | Not on Trust formulary for this indication. N/A at ORC site for adults. Wythenshawe submitted fast track application (07/07/20). Approved by MMC and added to the formulary for this indication (13/08/20).  |
| Eculizumab for treating refractory myasthenia gravis (TA636) (TERMINATED APPRAISAL)  | 30/06/2020            | Eculizumab – NOT RECOMMENDED for treating refractory myasthenia gravis because Alexion Pharma UK did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology will not be launched in the UK for this indication.   |   | х   | 09/07/2020                              | 9                              | Not on Trust formulary for this indication.<br>Terminated appraisal by NICE. MMC deemed N/A<br>(09/07/20).   |
| Ramucirumab with erlotinib for untreated EGFR-positive metastatic non-small-cell lung cancer (TA635) (TERMINATED APPRAISAL)          | 30/06/2020            | Ramucirumab with erlotinib – NOT RECOMMENDED for untreated epidermal growth factor receptor (EGFR)-positive metastatic non-small-cell lung cancer because Eli Lilly and Company Limited did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology is unlikely to be a cost effective use of NHS resources. |   | х   | 09/07/2020                              | 9                              | Not on Trust formulary for this indication.<br>Terminated appraisal by NICE. MMC deemed N/A<br>(09/07/20).   |
| Daratumumab with lenalidomide and dexamethasone for untreated multiple myeloma (TA634) (TERMINATED APPRAISAL)                        | 30/06/2020            | Daratumumab with lenalidomide and dexamethasone— NOT RECOMMENDED for untreated multiple myeloma because Janssen did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology is unlikely to be a cost-effective use of NHS resources.   |   | х   | 09/07/2020                              | 9                              | Not on Trust formulary for this indication.<br>Terminated appraisal by NICE. MMC deemed N/A<br>(09/07/20).   |
| Avatrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure (TA626)         | 24/06/2020            | Avatrombopag – recommended, within its marketing authorisation, as an option for treating severe thrombocytopenia (that is, a platelet count of below 50,000 platelets per microlitre of blood) in adults with chronic liver disease having a planned invasive procedure.  | x   |   | 13/08/2020                              | 50                             | Not on Trust formulary. Contacted Hepatology team for review and fast track submission (24/06/20). Submitted (06/08/20). Approved by MMC and added to the formulary for this indication (13/08/20).  |

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|  |                       | ,,   | Yes<br>(mark 'x' if<br>applicable)   | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days)     | Notes (e.g. rationale, method of making available)   |
| Trastuzumab emtansine for adjuvant treatment of HER2-positive early breast cancer (TA632)      |                       | Trastuzumab emtansine – recommended as an option for the adjuvant treatment of human epidermal growth factor receptor 2 (HER2)– positive early breast cancer in adults who have residual invasive disease in the breast or lymph nodes after neoadjuvant taxane–based and HER2–targeted therapy. It is recommended only if the company provides trastuzumab emtansine according to the commercial arrangement. |                                      | x   | 11/06/2020                              | 1                                  | Not on Trust formulary for this indication. Surgical/<br>Haematology/Oncology team confirmed N/A. Eligible<br>patients to be referred to the Christie Hospital<br>(10/06/20). MMC deemed N/A, added to the<br>formulary for this indication, not stocked (11/06/20). |
| Fremanezumab for preventing migraine (TA631)   | 00,00,2020            | Fremanezumab – recommended as an option for preventing migraine in adults, only if:  • the migraine is chronic, that is, 15 or more headache days a month for more than 3 months with at least 8 of those having features of migraine  • at least 3 preventive drug treatments have failed and  • the company provides it according to the commercial arrangement.   |                                      | х   | 09/07/2020                              | 36                                 | Not on Trust formulary. N/A SRFT response from Neurology Consultants (16/06/20).   |
| <b>Lenalidomide</b> with rituximab for previously treated follicular lymphoma ( <b>TA627</b> ) | 07/04/2020            | <b>Lenalidomide</b> with <b>rituximab</b> — recommended as an option for previously treated follicular lymphoma (grade 1 to 3A) in adults. It is only recommended if the company provides lenalidomide according to the commercial arrangement.  | x                                    |   | 09/04/2020                              | 2                                  | Not on Trust formulary for this indication. Adult Haematology submitted fast track application 07/04/20. MMC Chairs approval and added to formulary for this indication 09/04/20.  |
|  |                       |  | 31                                   | 32  |   |                                    |  |
|  |                       |  | % "Yes"                              | % "N/A"                                   | -                                       | Average<br>implement<br>time(days) |  |
| Adherence statistics for 2020-21   |                       |  | 49%                                  | 51%                                       |   | 21                                 |  |



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| 2019-20  |                       |  |                                    |   |   |                                |   |
| Recombinant human parathyroid hormone for treating hypoparathyroidism (TA625) (TERMINATED APPRAISAL)                   | 04/03/2020            | Recombinant human parathyroid hormone — NOT RECOMMENDED for treating hypoparathyroidism because Shire Pharmaceuticals (now part of Takeda) did not provide an evidence submission. The company has advised NICE that there is a clinical study being done in the UK, so there is insufficient evidence to provide a submission for this appraisal at this stage.   |                                    | x   | 13/03/2020                              | 9                              | Not on Trust formulary. Terminated appraisal by NICE. MMC deemed N/A (13/03/20).  |
| Peginterferon beta-1a for treating relapsing—remitting multiple sclerosis (TA624)                                      | 19/02/2020            | Peginterferon beta-1a – recommended, within its marketing authorisation, as an option for treating relapsing–remitting multiple sclerosis in adults.   |                                    | х   | 13/03/2020                              | 23                             | Not on Trust formulary for this indication. Adult Neurology team confirmed N/A (21/02/20). Awaiting response from Paediatric team. MMC deemed N/A, added to the formulary for this indication, not stocked (13/03/20).  |
| Patiromer for treating hyperkalaemia (TA623)   | 13/02/2020            | Patiromer − recommended as an option for treating hyperkalaemia in adults only if used:  • in emergency care for acute life-threatening hyperkalaemia alongside standard care or  • for people with persistent hyperkalaemia and stages 3b to 5 chronic kidney disease or heart failure, if they have a confirmed serum potassium level of at least 6.0 mmol/litre and; are not taking, or are taking a reduced dosage of, a renin-angiotensin-aldosterone system (RAAS) inhibitor because of hyperkalaemia and; are not on dialysis.  | x                                  |   | 06/04/2020                              | 53                             | Not on Trust formulary (application deferred Dec-<br>18). Renal and Cardiology teams submitted fast track<br>application. MMC Approved, added to the formulary<br>for this indication (06/04/20).   |
| Sotagliflozin with insulin for treating type 1 diabetes (TA622)  | 12/02/2020            | Sotagliflozin with insulin is recommended as an option for treating type 1 diabetes in adults with a body mass index (BMI) of at least 27 kg/m2, when insulin alone does not provide adequate glycaemic control despite optimal insulin therapy, only if:  • sotagliflozin is given as one 200 mg tablet daily  • they are on insulin doses of 0.5 units/kg of body weight/day or more and  • they have completed a structured education programme that is evidence based, quality assured, delivered by trained educators and includes information about diabetic ketoacidosis, such as:    how to recognise its risk factors, signs and symptoms   how and when to monitor blood ketone levels   what actions to take for elevated blood ketones and  • treatment is started and supervised by a consultant physician specialising in endocrinology and diabetes treatment, and haemoglobin A1c (HbA1c) levels are assessed after 6 months and regularly after this. | x                                  |   | 11/06/2020                              | 120                            | Not on Trust formulary. Diabetes / Endocrinology team submitted fast track application 29/05/20. To be reviewed by MMC on 11/06/20.   |
| Osimertinib for untreated EGFR mutation-<br>positive non-small-cell lung cancer (TA621)                                | 22/01/2020            | Osimertinib — NOT RECOMMENDED within its marketing authorisation, for untreated locally advanced or metastatic epidermal growth factor receptor (EGFR) mutation-positive non-small-cell lung cancer (NSCLC) in adults.   |                                    | x   | 13/02/2020                              | 22                             | Not on Trust formulary for this indication.<br>Respiratory team confirmed N/A. MMC deemed N/A<br>(13/02/20).  |
| Olaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer (TA620) | 15/01/2020            | Olaparib – recommended as an option for the maintenance treatment of relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults whose disease has responded to platinum-based chemotherapy only if they have a BRCA1 or BRCA2 mutation; they have had 3 or more courses of platinum-based chemotherapy and; the company provides olaparib according to the commercial arrangement.  Olaparib – recommended for use within the CDF as an option for the maintenance treatment of relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults whose disease has responded to platinum-based chemotherapy only if they have a BRCA1 or BRCA2 mutation; they have had 2 courses of platinum-based chemotherapy and; the conditions in the MAA for olaparib are followed.  |                                    | х   | 13/02/2020                              | 29                             | Not on Trust formulary for this indication. Surgical/ Haematology/Oncology team confirmed N/A, all eligible patients would be referred to the Christie Hospital (15/01/20). MMC deemed N/A, added to the formulary for this indication, not stocked (13/02/20). |

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|  |                       |  | <b>Yes</b><br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer (TA619)   | 15/01/2020            | Palbociclib with fulvestrant – recommended for use within the CDF as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer in people who have had previous endocrine therapy only if exemestane plus everolimus is the most appropriate alternative to a cyclin-dependent kinase 4 and 6 (CDK 4/6) inhibitor and; the conditions in the MAA for palbociclib with fulvestrant are followed.  | х   |   | 13/02/2020                              | 29                             | Not on Trust formulary for this indication. Surgical/<br>Haematology/Oncology team confirmed N/A, all<br>eligible patients would be referred to the Christie<br>Hospital (15/01/20). MMC deemed N/A, added to<br>the formulary for this indication, not stocked<br>(13/02/20). |
| Atezoliumab with carboplatin and nab-<br>paclitaxel for untreated advanced non-<br>squamous non-small-cell lung cancer (TA618)<br>(TERMINATED APPRAISAL)         | 15/01/2020            | Atezolizumab with carboplatin and nab-paclitaxel— NOT RECOMMENDED for untreated advanced non-squamous non-small-cell lung cancer because Roche did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology, in this combination, is unlikely to be used at this point in the treatment pathway.  |   | x   | 13/02/2020                              | 29                             | Not on Trust formulary for this indication.<br>Respiratory team confirmed N/A. Terminated<br>appraisal by NICE. MMC deemed N/A (13/02/20).   |
| Lusutrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure (TA617)                                    | 08/01/2020            | Lusutrombopag – recommended as an option for treating severe thrombocytopenia (that is, a platelet count of below 50,000 platelets per microlitre of blood) in adults with chronic liver disease having planned invasive procedures.   | х   |   | 13/02/2020                              | 36                             | Not on Trust formulary. Haematology and Hepatology team contacted. MMC approved & added to the formulary (13/02/20).   |
| Cladribine for treating relapsing-remitting multiple sclerosis (TA616)   | 18/12/2019            | Cladribine – recommended as an option for treating highly active multiple sclerosis in adults, only if the person has rapidly evolving severe relapsing –remitting multiple sclerosis, that is with at least 2 relapses in the previous year and 1 T1 gadolinium-enhancing lesion at baseline MRI or a significant increase in T2 lesion load compared with a previous MRI, or; relapsing –remitting multiple sclerosis that has responded inadequately to treatment with disease-modifying therapy, defined as 1 relapse in the previous year and MRI evidence of disease activity.     |   | x   | 13/02/2020                              | 57                             | Not on Trust formulary for this indication. Neurology team contacted. MMC deemed N/A, added to the formulary for this indication, not stocked (13/02/20).  |
| Cannabidiol with clobazam for treating seizures associated with Lennox–Gastaut syndrome (TA615)  | 18/12/2019            | Cannabidiol with clobazam— recommended as an option for treating seizures associated with Lennox—Gastaut syndrome in people aged 2 years and older, only if the frequency of drop seizures is checked every 6 months, and cannabidiol is stopped if the frequency has not fallen by at least 30% compared with the 6 months before starting treatment; the company provides cannabidiol according to the commercial arrangement.   | х   |   | 05/02/2020                              | 49                             | Not on Trust formulary for this indication. Paediatric Neurology team submitted fast track application. PMMC approved & added to the formulary (05/02/20).   |
| Cannabidiol with clobazam for treating seizures associated with Dravet syndrome (TA614)  | 18/12/2019            | Cannabidiol with clobazam – recommended as an option for treating seizures associated with Dravet syndrome in people aged 2 years and older, only if the frequency of convulsive seizures is checked every 6 months, and cannabidiol is stopped if the frequency has not fallen by at least 30% compared with the 6 months before starting treatment; the company provides cannabidiol according to the commercial arrangement.  | x   |   | 05/02/2020                              | 49                             | Not on Trust formulary for this indication. Paediatric Neurology team submitted fast track application. PMMC approved & added to the formulary (05/02/20).   |
| Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema in phakic eyes after an inadequate response to previous therapy (TA613) | 20/11/2019            | Fluocinolone acetonide intravitreal implant— NOT RECOMMENDED as an option for treating chronic diabetic macular oedema that is insufficiently responsive to available therapies in an eye with a natural lens (phakic eye)   |   | х   | 12/12/2019                              | 22                             | Not on Trust formulary for this indication. MREH team confirmed compliance with non-use for this indication (09/12/12). MMC deemed N/A (12/12/19).   |
| Neratinib for extended adjuvant treatment of hormone receptor-positive, HER2-positive early stage breast cancer after adjuvant trastuzumab (TA612)               | 20/11/2019            | Neratinib— recommended for the extended adjuvant treatment of hormone receptor-positive, human epidermal growth factor receptor 2 (HER2) positive early stage breast cancer in adults who completed adjuvant trastuzumab-based therapy less than 1 year ago only if trastuzumab is the only HER2 directed adjuvant treatment they have had, and; if they had neoadjuvant chemotherapy-based regimens, they still had residual invasive disease in the breast or axilla following the neoadjuvant treatment, and; the company provides neratinib according to the commercial arrangement. |   | x   | 12/12/2019                              | 22                             | Not on Trust formulary. Surgical/<br>Haematology/Oncology team confirmed eligible<br>patients would be referred to the Christie Hospital<br>(21/11/19). MMC deemed N/A, added to the<br>formulary for this indication, not stocked (12/12/19).                                 |
| <b>Rucaparib</b> for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer ( <b>TA611</b> )                          | 13/11/2019            | Rucaparib – recommended for use within the CDF as an option for maintenance treatment of relapsed platinum-sensitive high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to platinum-based chemotherapy in adults, only if the conditions in the managed access agreement for rucaparib are followed.  |   | х   | 12/12/2019                              | 29                             | Not on Trust formulary. Haematology/Oncology team confirmed eligible patients are referred to the Christie hospital (13/11/19). MMC deemed N/A (12/12/19)  |

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| ii ,   |                       |   | <b>Yes</b><br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days)                     | Notes (e.g. rationale, method of making available)   |  |  |  |
| Pentosan polysulfate sodium for treating bladder pain syndrome (TA610)   | 13/11/2019            | Pentosan polysulfate sodium – recommended as an option for treating bladder pain syndrome with glomerulations or Hunner's lesions in adults with urinary urgency and frequency, and moderate to severe pain, only if their condition has not responded to an adequate trial of standard oral treatments; it is not offered in combination with bladder instillations; any previous treatment with bladder instillations was not stopped because of lack of response; it is used in secondary care and the company provides pentosan polysulfate sodium according to the commercial arrangement. | x   |   | 12/12/2019                              | 29   | Not on Trust formulary. Urology Consultants invited to submit a fast track application. MMC approved & added to the formulary (12/12/19).  |  |  |  |
| Ramucirumab for treating unresectable hepatocellular carcinoma after sorafenib (TA609) (TERMINATED APPRAISAL)                      | 30/10/2019            | Ramucirumab – NOT RECOMMENDED for treating unresectable hepatocellular carcinoma in adults who have had sorafenib, when disease has progressed or sorafenib is not tolerated, because Lilly did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology is unlikely to be a cost-effective use of NHS resources.  |   | х   | 14/11/2019                              | 15   | Not on Trust formulary. Terminated appraisal by NICE. MMC deemed N/A (14/11/19).   |  |  |  |
| Ibrutinib with rituximab for treating Waldenstrom's macroglobulinaemia (TA608) (TERMINATED APPRAISAL)                              | 30/10/2019            | Ibrutinib with rituximab— NOT RECOMMENDED for treating Waldenstrom's macroglobulinaemia in adults because Janssen did not provide an evidence submission. The company has confirmed that it does not intend to make a submission Because there is unlikely to be sufficient evidence that the technology is a cost-effective use of NHS resources in this population.   |   | x   | 14/11/2019                              | 15   | Not on Trust formulary for this indication. Terminated appraisal by NICE. MMC deemed N/A (14/11/19).   |  |  |  |
| <b>Rivaroxaban</b> for preventing atherothrombotic events in people with coronary or peripheral artery disease ( <b>TA607</b> )    | 17/10/2019            | Rivaroxaban plus aspirin – recommended as an option for preventing atherothrombotic events in adults with CAD or symptomatic PAD who are at high risk of ischaemic events.  | х   |   | 12/12/2019                              | 56   | Not on Trust formulary for this indication. Cardiology/Haematology/Medicine Consultants contacted to review and invited to submit application (18/10/19). Approved clinically by MMC (12/12/19).   |  |  |  |
| Lanadelumab for preventing recurrent attacks of hereditary angioedema (TA606)  | 16/10/2019            | Lanadelumab – recommended as an option for preventing recurrent attacks of hereditary angioedema in people aged 12 and older, only if they are eligible for preventive C1-esterase inhibitor (C1-INH) treatment in line with NHSE commissioning policy and the company provides lanadelumab according to the commercial arrangement.  | х   |   | 14/11/2019                              | 29   | Not on Trust formulary for this indication.<br>Immunology Consultants submitted Fast track<br>application for use in line with NICE; confirmed<br>compliance (18/10/19). MMC approved & added to<br>formulary in line with NICE/NHSE (14/11/19). |  |  |  |
| Xeomin (botulinum neurotoxin type A) for treating chronic sialorrhoea (TA605)  | 09/10/2019            | Xeomin (botulinum neurotoxin type A)— recommended as an option for treating chronic sialorrhoea caused by neurological conditions in adults. It is recommended only if the company provides it according to the commercial arrangement.   | х   |   | 12/12/2019                              | 64   | Not on Trust formulary for this indication. Medicine & Surgery teams contacted to review and invited to submit application (18/10/19). MMC approved & added to formulary (12/12/19).   |  |  |  |
| Idelalisib for treating refractory follicular lymphoma (TA604)   | 02/10/2019            | Idelalisib – NOT RECOMMENDED for treating follicular lymphoma that has not responded to 2 prior lines of treatment in adults.   |   | x   | 10/10/2019                              | 8  | Not on Trust formulary for this indication. Haematology Consultants confirmed treatment is not used (03/10/19). MMC deemed compliant with non-use (10/10/19).  |  |  |  |
| Lenalidomide with bortezomib and dexamethasone for untreated multiple myeloma (TA603) (TERMINATED APPRAISAL)                       | 25/09/2019            | Lenalidomide with bortezomib & dexamethasone— NOT RECOMMENDED for untreated multiple myeloma in adults because Celgene did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because there is unlikely to be sufficient evidence that the technology is a cost-effective use of NHS resources in this population.  |   | x   | 10/10/2019                              | 15   | Not on Trust formulary. Terminated appraisal by NICE. MMC deemed N/A (10/10/19).   |  |  |  |
| Pomalidomide with bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma (TA602) (TERMINATED APPRAISAL) | 25/09/2019            | <b>Pomalidomide</b> with bortezomib and dexamethasone - <b>NOT RECOMMENDED</b> for treating relapsed or refractory multiple myeloma in adults because Celgene did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology is unlikely to be a cost-effective use of NHS resources.  |   | х   | 10/10/2019                              | 15   | Not on Trust formulary. Terminated appraisal by NICE. MMC deemed N/A (10/10/19).   |  |  |  |
| Beziotoxumab for preventing recurrent Clostridium difficile infection (TA601) (TERMINATED APPRAISAL)                               | 25/09/2019            | Bezlotoxumab - NOT RECOMMENDED for preventing recurrent Clostridium difficile infection in adults because Merck Sharp & Dohme did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology is unlikely to be used at this point in the treatment pathway.  |   | х   | 10/10/2019                              | 15   | Not on Trust formulary. Terminated appraisal by NICE. MMC deemed N/A (10/10/19).   |  |  |  |

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|---|-----------------------|---|---|---|---|--------------------------------|--|
|   |                       | ·   | <b>Yes</b><br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer (TA600)  | 11/09/2019            | Pembrolizumab with carboplatin and paclitaxel— recommended for use within the CDF as an option for untreated metastatic squamous NSCLC in adults only if pembrolizumab is stopped at 2 years of uninterrupted treatment, or earlier if disease progresses, and the company provides pembrolizumab according to the managed access agreement.  | х   |   | 12/09/2019                              | 1                              | Not on Trust formulary for this indication.<br>Respiratory and Oncology Consultants submitted fast<br>track application (28/08/19). MMC approved &<br>added to the formulary (12/09/19).   |
| Sodium zirconium cyclosilicate for treating hyperkalaemia (TA599)   | 04/09/2019            | Sodium zirconium cyclosilicate— recommended as an option for treating hyperkalaemia in adults only if used in emergency care for acute life-threatening hyperkalaemia alongside standard care or in outpatient care for people with persistent hyperkalaemia and CKD stage 3b to 5 or heart failure, if they have a confirmed serum potassium level of at least 6.0 mmol/L; are not taking an optimised dosage of reninangiotensin-aldosterone system inhibitor because of hyperkalaemia and; are not on dialysis. Only recommended if the company provides it according to the commercial arrangement.         | х   |   | 12/09/2019                              | 8                              | Not on Trust formulary. Renal, Cardiology and Acute Medicine Consultants submitted fast track application (05/09/19). MMC approved & added to the formulary (12/09/19).  |
| Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to 1 <sup>st</sup> line platinum-based chemotherapy (TA598) | 28/08/2019            | Olaparib – recommended for use within the CDF as an option for the maintenance treatment of BRCA mutation positive, advanced (FIGO stages 3 and 4), high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to 1 <sup>st</sup> -line platinum-based chemotherapy in adults; only if the conditions in the managed access agreement for olaparib are followed.   |   | х   | 12/09/2019                              | 15                             | Not on Trust formulary for this indication. Haematology Oncology Consultants confirmed patients would be referred to Christie Hospital for treatment (28/08/19). MMC deemed N/A, added to the formulary, not stocked (12/09/19). |
| Dapagliflozin with insulin for treating type 1 diabetes (TA597)   | 28/08/2019            | Dapagliflozin with insulin — recommended as an option for treating type 1 diabetes in adults with a BMI of at least 27kg/m² when insulin alone does not provide adequate glycaemic control despite optimal insulin therapy, only if they are on insulin doses of more than 0.5 units/kg of body weight/day and they have completed a structured education programme that is evidence based, quality assured, delivered by trained educators and includes information about diabetic ketoacidosis and; treatment is started and supervised by a consultant physician specialising in endocrinology and diabetes. | х   |   | 14/11/2019                              | 78                             | Not on Trust formulary for this indication. Diabetes Consultants submitted a fast track application for use in line with NICE (04/11/19). MMC approved and added to the formulary for this indication (14/11/19).                |
| <b>Risankizumab</b> for treating moderate to severe plaque psoriasis ( <b>TA596</b> )   | 21/08/2019            | Risankizumab – recommended as an option for treating plaque psoriasis in adults, only if the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and; the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and; the company provides the drug according to the commercial arrangement.   |   | x   | 12/09/2019                              | 22                             | Not on Trust formulary for this indication. TGH is not commissioned for this service (22/08/19). MMC deemed N/A, added to the formulary for this indication, not stocked (12/09/19).   |
| <b>Dacomitinib</b> for untreated EGFR mutation-positive non-small-cell lung cancer ( <b>TA595</b> )   | 14/08/2019            | Dacomitinib – recommended as an option for untreated locally advanced or metastatic epidermal growth factor receptor (EGFR) mutation-positive non-small-cell lung cancer (NSCLC) in adults. It is recommended only if the company provides it according to the commercial arrangement.  |   | х   | 12/09/2019                              | 29                             | Not on Trust formulary. Respiratory Consultants confirmed patients would be referred to Christie Hospital for treatment (14/08/19). MMC deemed N/A, added to the formulary, not stocked (12/09/19).                              |
| Brentuximab vedotin for untreated advanced Hodgkin lymphoma (TA594) (TERMINATED APPRAISAL)  | 14/08/2019            | Brentuximab vedotin – NOT RECOMMENDED for untreated advanced Hodgkin lymphoma because Takeda did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because it considers that, at this time, there is insufficient evidence to provide a UK submission for this appraisal. The company has confirmed that it does not intend to make a submission for the appraisal until data from a key study in this indication are available in June 2021.  |   | х   | 12/09/2019                              | 29                             | Not on Trust formulary for this indication.<br>Terminated appraisal by NICE. MMC deemed N/A,<br>not stocked (12/09/19).  |
| Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer (TA593)   | 14/08/2019            | Ribociclib with fulvestrant — recommended for use within the CDF as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer in people who have had previous endocrine therapy only if exemestane plus everolimus is the most appropriate alternative to a cyclin-dependent kinase 4 and 6 (CDK 4/6) inhibitor and; the conditions in the MAA for ribociclib with fulvestrant are followed.   |   | х   | 12/09/2019                              | 29                             | Not on Trust formulary. Surgical Consultants confirmed patients would be referred to Christie Hospital for treatment (14/08/19). MMC deemed N/A, added to the formulary, not stocked (12/09/19).                                 |
| Cemiplimab for treating metastatic or locally advanced cutaneous squamous cell carcinoma (TA592)  | 07/08/2019            | Cemiplimab — recommended for use within the CDF as an option for treating locally advanced or metastatic cutaneous squamous cell carcinoma in adults when curative surgery or curative radiotherapy is not appropriate. It is recommended only if the conditions in the MAA are followed.   |   | х   | 12/09/2019                              | 36                             | Not on Trust formulary. Head & Neck Consultants confirmed patients would be referred to Christie Hospital for treatment (08/08/19). MMC deemed N/A, added to the formulary, not stocked (12/09/19).                              |

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|   |                       |   | <b>Yes</b><br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| <b>Letermovir</b> for preventing cytomegalovirus disease after a stem cell transplant ( <b>TA591</b> )              | 31/07/2019            | Letermovir – recommended as an option for preventing cytomegalovirus (CMV) reactivation and disease after an allogeneic haematopoietic stem cell transplant (HSCT) in adults who are seropositive for CMV. It is recommended only if the company provides it according to the commercial arrangement.   | х   |   | 12/09/2019                              | 43                             | Not on the Trust formulary for this indication. Haematology team submitted Fast track application for use in line with NICE; confirmed use would be compliant (05/08/19). MMC approved & added to formulary (12/09/19).              |
| Fluocinolone acetonide intravitreal implant for treating recurrent non-infectious uvetitis (TA590)                  | 31/07/2019            | Fluocinolone acetonide intravitreal implant — recommended as an option for preventing relapse in recurrent non-infectious uveitis affecting the posterior segment of the eye. It is recommended only if the company provides it according to the commercial arrangement.  | х   |   | 12/09/2019                              | 43                             | Not on the Trust formulary for this indication. MREH Uveitis team submitted Fast track application for use in line with NICE; confirmed use would be compliant (06/08/19). MMC approved & added to formulary (12/09/19).             |
| Blinatumomab for treating acute lymphoblastic leukaemia in remission with minimal residual disease activity (TA589) | 24/07/2019            | Blinatumomab – recommended as an option for treating Philadelphia-chromosome-negative CD19 positive B precursor acute lymphoblastic leukaemia in adults with minimal residual disease (MRD) of at least 0.1%, only if the disease is in first complete remission and the company provides blinatumomab according to the commercial arrangement.   | х   |   | 12/09/2019                              | 50                             | Not on the Trust formulary for this indication. Haematology team submitted Fast track application for use in line with NICE; confirmed use would be compliant (30/07/19). MMC approved & added to formulary (12/09/19).              |
| Nusinersen for treating spinal muscular atrophy (TA588)   | 24/07/2019            | Nusinersen – recommended as an option for treating 5q spinal muscular atrophy (SMA) only if people have pre-symptomatic SMA, or SMA types 1, 2 or 3 and the conditions in the managed access agreement are followed.  | x   |   | 12/09/2019                              | 50                             | Not on the Trust formulary for this indication. Paediatric Neurology team submitted Fast track application for use in line with NICE (07/08/19). MMC approved & added to formulary (12/09/19).                                       |
| <b>Lenalidomide</b> plus dexamethasone for previously untreated multiple myeloma (TA587)                            | 26/06/2019            | Lenalidomide plus dexamethasone — recommended as an option for previously untreated multiple myeloma in adults who are not eligible for a stem cell transplant, only if thalidomide is contraindicated (including for pre-existing conditions that it may aggravate) or the person cannot tolerate thalidomide, and the company provides lenalidomide according to the commercial arrangement.                                      | x   |   | 12/09/2019                              | 78                             | Not on the Trust formulary for this indication. Haematology team submited Fast track application for use in line with NICE; confirmed compliance (01/07/19). MMC approved & added to formulary (12/09/19).                           |
| <b>Lenalidomide</b> plus dexamethasone for multiple myeloma after 1 treatment with bortezomib (TA586)               | 26/06/2019            | Lenalidomide plus dexamethasone — recommended as an option for treating multiple myeloma in adults only if they have had only 1 previous therapy, which included bortezomib, and the company provides it according to the commercial arrangement.   | x   |   | 12/09/2019                              | 78                             | Not on the Trust formulary for this indication. Haematology team submitted Fast track application for use in line with NICE; confirmed compliance (01/07/19). MMC deemed compliant with use and added to formulary (12/09/19).       |
| Ocrelizumab for treating primary progressive multiple sclerosis (TA585)   | 12/06/2019            | Ocrelizumab – recommended as an option for treating early primary progressive multiple sclerosis with imaging features characteristic of inflammatory activity in adults. It is recommended only if the company provides it according to the commercial arrangement.  |   | х   | 11/07/2019                              | 29                             | Not on the Trust formulary for this indication. Neurology team confirmed patients would be referred for treatment at SRFT (12/06/19). MMC deemed N/A, added to the formulary, not stocked (11/07/19).                                |
| Atezolizumab in combination for treating metastatic non-squamous non-small-cell lung cancer (TA584)                 | 05/06/2019            | Atezolizumab plus bevacizumab, carboplatin & paclitaxel - recommended as an option for metastatic non-squamous non-small-cell lung cancer (NSCLC) in adults who have not had treatment for their metastatic NSCLC before and whose PD-L1 tumour proportion score is between 0% and 49% or when targeted therapy for epidermal growth factor receptor (EGFR) positive or anaplastic lymphoma kinase (ALK) positive NSCLC has failed. |   | x   | 11/07/2019                              | 36                             | Not on the Trust formulary for this indication. Respiratory team confirmed N/A, patients referred to Christie Hospital for treatment (08/07/19). MMC deemed N/A, added to the formulary for this indication, not stocked (11/07/19). |
| Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes (TA583)            | 05/06/2019            | Ertugliflozin with metformin and a dipeptidyl peptidase 4 (DPP 4) inhibitor – recommended as an option for treating type 2 diabetes in adults when diet and exercise alone do not provide adequate glycaemic control, only if the disease is uncontrolled with metformin and a DPP 4 inhibitor, and a sulfonylurea or pioglitazone is not appropriate.  | x   |   | 12/09/2019                              | 99                             | Not on the Trust formulary for this indication. Diabetes team submitted a Fast track application for use in line with NICE and confirmed compliance (29/08/19). MMC approved and added to formulary for this indication (12/09/19).  |

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|  |                       |   | <b>Yes</b><br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)  |
| Cabozantinib for previously treated advanced hepatocellular carcinoma (TA582) (TERMINATED APPRAISAL)   | 24/05/2019            | Cabozantinib — NOT RECOMMENDED for previously treated advanced hepatocellular carcinoma because ipsen Ltd did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because there is unlikely to be sufficient evidence that the technology is a cost-effective use of NHS resources in this population  |   | х   | 13/06/2019                              | 20                             | Not on Trust formulary for this indication.<br>Terminated appraisal by NICE. MMC deemed N/A,<br>not stocked (13/06/19).   |
| <b>Nivolumab</b> with ipilimumab for untreated advanced renal cell carcinoma ( <b>TA581</b> )  | 15/05/2019            | Nivolumab with ipilimumab — recommended for use within the CDF as an option for adults with untreated advanced renal cell carcinoma that is intermediate- or poor-risk as defined in the International Metastatic Renal Cell Carcinoma Database Consortium criteria. It is recommended only if the conditions in the managed access agreement for nivolumab with ipilimumab are followed.   |   | x   | 13/06/2019                              | 29                             | Not on the Trust formulary for this indication. Renal team confirmed not applicable as patients would be referred to Christie (18/05/19).MMC deemed N/A, added to the formulary for this indication, not stocked (13/06/19)           |
| Enzalutamide for hormone-relapsed non-metastatic prostate cancer (TA580)   | 15/05/2019            | Enzalutamide — NOT RECOMMENDED for treating high-risk hormone-relapsed non-metastatic prostate cancer in adults.  |   | x   | 13/06/2019                              | 29                             | Not on Trust formulary. Urology Consultants confirmed treatment is not applicable, not used (20/05/19). MMC deemed N/A (13/06/19).  |
| Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (TA579)    | 08/05/2019            | Abemaciclib with fulvestrant – recommended for use within the CDF as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2) negative locally advanced or metastatic breast cancer in people who have had endocrine therapy only if exemestane plus everolimus would be the most appropriate alternative and; the conditions in the managed access agreement for abemaciclib with fulvestrant are followed.   |   | х   | 13/06/2019                              | 36                             | Not on the Trust formulary. Oncology team confirmed patients would be referred to Christie Hospital for treatment (07/05/19). MMC deemed N/A, added to the formulary, not stocked (13/06/19).   |
| <b>Durvalumab</b> for treating locally advanced unresectable non-small-cell lung cancer after platinum-based chemoradiation ( <b>TA578</b> ) | 01/05/2019            | <b>Durvalumab</b> (monotherapy) — recommended for use within the CDF as an option for treating locally advanced unresectable non-small-cell lung cancer (NSCLC) in adults whose tumours express PD L1 on at least 1% of tumour cells and whose disease has not progressed after platinum-based chemoradiation only if they have had concurrent platinum-based chemoradiation; the conditions in the managed access agreement are followed.  |   | х   | 09/05/2019                              | 8                              | Not on Trust formulary. Respiratory Consultants confirmed patients would be referred to Christie Hospital for treatment (01/05/19). MMC deemed N/A, added to the formulary, not stocked (09/05/19).                                   |
| Brentuximab vedotin for treating CD30-positive cutaneous T-cell lymphoma (TA577)   | 24/04/2019            | Brentuximab vedotin — recommended as an option for treating CD30 positive cutaneous T cell lymphoma (CTCL) after at least 1 systemic therapy in adults, only if they have mycosis fungoides stage IIB or over, primary cutaneous anaplastic large cell lymphoma or Sézary syndrome and; the company provides brentuximab vedotin according to the commercial arrangement.   |   | x   | 09/05/2019                              | 15                             | Not on the Trust formulary for this indication. Haematology team confirmed not applicable as patients would be referred to Christie/SRFT (26/04/19). MMC deemed N/A, added to the formulary, not stocked (09/05/19).                  |
| Bosutinib for untreated chronic myeloid leukaemia (TA576) (TERMINATED APPRAISAL)   | 17/04/2019            | Bosutinib - NOT RECOMMENDED for untreated chronic myeloid leukaemia because Pfizer did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology is unlikely to be used at this point in the treatment pathway.   |   | х   | 09/05/2019                              | 22                             | Not on Trust formulary for this indication.<br>Terminated appraisal by NICE. MMC deemed not applicable (09/05/19).  |
| Tildrakizumab for treating moderate to severe plaque psoriasis (TA575)   | 17/04/2019            | Tildrakizumab - recommended as an option for treating plaque psoriasis in adults, only if the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and; the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and; the company provides the drug according to the commercial arrangement.  | х   |   | 09/05/2019                              | 22                             | Not on the Trust formulary for this indication. Dermatology team confirmed not applicable as TGH is not commissioned for this service (17/04/19). MMC deemed N/A, added to the formulary for this indication, not stocked (09/05/19). |
| Certolizumab pegol for treating moderate to severe plaque psoriasis (TA574)  | 17/04/2019            | Certolizumab pegol - recommended as an option for treating plaque psoriasis in adults, only if the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and; the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and; the lowest maintenance dosage of certolizumab pegol is used (200 mg every 2 weeks) after the loading dosage and the company provides the drug according to the commercial arrangement. |   | x   | 09/05/2019                              | 22                             | Not on the Trust formulary for this indication. Dermatology team confirmed not applicable as TGH is not commissioned for this service (17/04/19). MMC deemed N/A, added to the formulary, not stocked (09/05/19).                     |
| Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma (TA573)  | 10/04/2019            | Daratumumab plus bortezomib plus dexamethasone - recommended for use within the CDF as an option for treating relapsed multiple myeloma in people who have had 1 previous treatment. It is recommended only if the conditions in the managed access agreement for daratumumab plus bortezomib plus dexamethasone are followed.  | х   |   | 11/04/2019                              | 1                              | Not on the Trust formulary for this indication. Haematology team submitted Fast track application for use in line with NICE and confirmed compliance (26/03/19). MMC deemed compliant with use and added to formulary (11/04/19).     |
|  |                       |   | 22  | 31  |   |                                |   |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE | Adherence of local formulary to NICE |              |               |           |   |  |
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|   |                       |   | Yes                                  | N/A          | Date of local | Time to   | <b>Notes</b> (e.g. rationale, method of making available) |  |
|   |                       |   | (mark 'x' if                         | (mark 'x' if | decision      | implement |   |  |
|   |                       |   | applicable)                          | applicable)  | (DD/MM/YY)    | (days)    |   |  |
|   |                       |   |                                      |              |               | Average   |   |  |
|   |                       |   | % "Yes" % "N/A" _ implement          |              |               |           |   |  |
|   |                       |   | time(days)                           |              |               |           |   |  |
| Adherence statistics for 2019-20                                  |                       |   | 42%                                  | 58%          |               | 34        |   |  |



| Technology appraisal (TA)  Titles are hyperlinks to full guidance  | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE   |                                    |                                     | Adhere                                  | nce of local fo                | ormulary to NICE  |
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|  | Release               | matated by NICE   | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b> (mark 'x' if applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)  |
| 2018-19  |                       |   |                                    |                                     |   |                                |   |
| Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes ( <b>TA572</b> )   | 27/03/2019            | Ertugliflozin (monotherapy) - recommended as an option 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, only if a dipeptidyl peptidase 4 (DPP 4) inhibitor would otherwise be prescribed and a sulfonylurea or pioglitazone is not appropriate.  Ertugliflozin with metformin - recommended as an option for treating type 2 diabetes, only if a sulfonylurea is contraindicated or not tolerated or the person is at significant risk of hypoglycaemia or its consequences. | х                                  |                                     | 09/05/2019                              | 43                             | Not on the Trust formulary. Diabetes team submitted Fast track application for use in line with NICE and confirmed compliance (24/04/19). MMC deemed compliant and added to formulary for this indication (09/05/19).                                 |
| Brigatinib for treating ALK-positive advanced non-<br>small-cell lung cancer after crizotinib ( <b>TA571</b> )   | 20/03/2019            | Brigatinib - recommended for treating anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) in adults who have already had crizotinib. It is recommended only if the company provides it according to the commercial arrangement.   |                                    | х                                   | 11/04/2019                              | 22                             | Not on Trust formulary. Respiratory Consultants confirmed patients would be referred to Christie Hospital for treatment (20/03/19). MMC deemed N/A, added to the formulary for this indication, not stocked (11/04/19).                               |
| Pembrolizumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy (TA570) (TERMINATED APPRAISAL) | 20/03/2019            | Pembrolizumab - NOT RECOMMENDED for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy because Merck Sharp & Dohme UK Ltd did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology is unlikely to be used at this point in the treatment pathway.   |                                    | х                                   | 11/04/2019                              | 22                             | Not on Trust formulary for this indication. Terminated appraisal by NICE. MMC deemed compliant (11/04/19).  |
| Pertuzumab for adjuvant treatment of HER2-<br>positive early stage breast cancer ( <b>TA569</b> )  | 20/03/2019            | <b>Pertuzumab</b> with IV <b>trastuzumab</b> & chemotherapy - recommended for the adjuvant treatment of human epidermal growth factor receptor 2 (HER2)-positive early stage breast cancer in adults, only if they have lymph node-positive disease the company provides it according to the commercial arrangement.  |                                    | х                                   | 11/04/2019                              | 22                             | Not on the Trust formulary for this indication. Oncology team confirmed patients would be referred to Christie Hospital for treatment (21/03/19). MMC deemed N/A, added to the formulary for this indication, not stocked (11/04/19).                 |
| Abatacept for treating psoriatic arthritis after DMARDs (TA568) (TERMINATED APPRAISAL)   | 13/03/2019            | Abatacept - NOT RECOMMENDED for treating psoriatic arthritis after disease modifying anti-rheumatic drugs (DMARDs) because Bristol–Myers Squibb Pharmaceuticals Ltd did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology will not be launched in the UK (in this indication).  |                                    | х                                   | 11/04/2019                              | 29                             | Not on Trust formulary for this indication. Terminated appraisal by NICE. MMC deemed compliant (11/04/19).  |
| Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies (TA567)                                    | 13/03/2019            | <b>Tisagenlecleucel</b> - recommended for use within the Cancer Drugs Fund as an option for treating relapsed or refractory diffuse large B-cell lymphoma in adults after 2 or more systemic therapies, only if the conditions in the managed access agreement are followed.  | х                                  |                                     | 11/04/2019                              | 29                             | Not on the Trust formulary for this indication. Haematology team submitted Fast track application for use in line with NICE and confirmed compliance (18/03/19). MMC deemed compliant with use and added to formulary for this indication (11/04/19). |

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|   |                       | , and the second | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b> (mark 'x' if applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)   |
| Cochlear implants for children and adults with severe to profound deafness (replacing TA166) (TA566)  | 07/03/2019            | Unilateral cochlear implantation - recommended as an option for people with severe to profound deafness who do not receive adequate benefit from acoustic hearing aids.  Simultaneous bilateral cochlear implantation - recommended as an option for children & adults who are blind or who have other disabilities that increase their reliance on auditory stimuli as a primary sensory mechanism for spatial awareness with severe to profound deafness who do not receive adequate benefit from  | x                                  |                                     | 14/03/2019                              | 7                              | No medicines mentioned in the guidance. Otolaryngology Surgeons planning for prospective monitoring of compliance (14/03/19).   |
| Benralizumab for treating severe eosinophilic asthma (TA565)  | 06/03/2019            | <b>Benralizumab</b> (as an add-on therapy) - recommended as an option for treating severe eosinophilic asthma that is inadequately controlled in adults despite maintenance therapy with high-dose inhaled corticosteroids and long-acting beta-agonists as per NICE. Benralizumab is recommended only if the company provides it according to the commercial arrangement.   | x                                  |                                     | 14/03/2019                              | 8                              | Not on the Trust formulary. Respiratory team (Wyth) submitted Fast track application for use in line with NICE and confirmed compliance (06/03/19). MMC deemed compliant with use and added to formulary for this indication (14/03/19).    |
| Dabrafenib with trametinib for treating advanced metastatic BRAF V600E mutation-positive non-small-cell lung cancer (TA564) (TERMINATED APPRAISAL)                      | 27/02/2019            | Dabrafenib with trametinib - NOT RECOMMENDED for treating advanced metastatic BRAF V600E mutation-positive non-small-cell lung cancer as no evidence submission was received from Novartis (TERMINATED APPRAISAL).   |                                    | x                                   | 14/03/2019                              |                                | Not on Trust formulary for this indication.<br>Terminated appraisal by NICE. MMC deemed<br>compliant (14/03/19).  |
| Abemaciclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer (TA563)        | 27/02/2019            | Abemaciclib with an aromatase inhibitor - recommended as an option for treating locally advanced or metastatic, hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer as first endocrine-based therapy in adults. Abemaciclib is recommended only if the company provides it according to the commercial arrangement.  |                                    | x                                   | 14/03/2019                              |                                | Not on the Trust formulary. Oncology team confirmed patients would be referred to Christie Hospital for treatment (01/03/19). MMC deemed N/A, added to the formulary for this indication, not stocked (14/03/19).                           |
| Encorafenib with binimetinib for unresectable or metastatic BRAF V600 mutation-positive melanoma (TA562)  | 27/02/2019            | <b>Encorafenib</b> with <b>binimetinib</b> - recommended as an option for treating unresectable or metastatic BRAF V600 mutation-positive melanoma in adults. It is recommended only if the company provides encorafenib and binimetinib according to the commercial arrangements.   |                                    | x                                   | 14/03/2019                              | 15                             | Not on Trust formulary for this indication. Dermatology Consultants confirmed patients would be referred to Christie Hospital for treatment (27/02/19). MMC deemed N/A, added to the formulary for this indication, not stocked (14/03/19). |
| Venetoclax with rituximab for previously treated chronic lymphocytic leukaemia (TA561)  | 27/02/2019            | Venetoclax with rituximab - recommended as an option for treating chronic lymphocytic leukaemia in adults who have had at least 1 previous therapy. It is recommended only if the company provides it according to the commercial arrangement.   | х                                  |                                     | 14/03/2019                              | 15                             | Not on the Trust formulary. Haematology team submitted Fast track application for use in line with NICE and confirmed compliance (08/03/19). MMC deemed compliant with use and added to formulary for this indication (14/03/19).           |
| Bevacizumab with carboplatin, gemcitabine and paclitaxel for treating the first recurrence of platinum-sensitive advanced ovarian cancer (TA560) (TERMINATED APPRAISAL) | 20/02/2019            | Bevacizumab with carboplatin - NOT RECOMMENDED for treating chronic lymphocytic leukaemia because no evidence submission was received from Roche (TERMINATED APPRAISAL).   |                                    | х                                   | 14/03/2019                              | 22                             | Not on Trust formulary for this indication. Terminated appraisal by NICE. MMC deemed compliant (14/03/19).  |
| Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies (TA559)             |                       | Axicabtagene ciloleucel – recommended for use within the CDF as an option for treating relapsed or refractory diffuse large B cell lymphoma or primary mediastinal large B cell lymphoma in adults after 2 or more systemic therapies, only if the conditions in the managed access agreement are followed.  | х                                  |                                     | 14/02/2019                              | 22                             | Not on the Trust formulary. Haematology team submitted Fast track application for use in line with NICE and confirmed compliance (23/01/19). MMC deemed compliant with use and added to formulary for this indication (14/02/19).           |
| Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease (TA558)  | 23/01/2019            | <b>Nivolumab</b> – recommended for use within the CDF as an option for the adjuvant treatment of completely resected melanoma in adults with lymph node involvement or metastatic disease. It is recommended only if the conditions in the managed access agreement are followed.  |                                    | х                                   | 14/02/2019                              | 22                             | Not on Trust formulary for this indication. Dermatology Consultants confirmed patients would be referred to Christie Hospital for treatment (24/01/19). MMC deemed N/A, added to the formulary for this indication, not stocked (14/02/19). |

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|  |                       | , ,   | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer (TA557) | 10/01/2019            | Pembrolizumab with pemetrexed & platinum chemotherapy – recommended for use within the CDF as an option for untreated, metastatic, non-squamous non-small-cell lung cancer (NSCLC) in adults whose tumours have no epidermal growth factor receptor (EGFR)- or anaplastic lymphoma kinase (ALK)-positive mutations. It is only recommended if pembrolizumab is stopped at 2 years of uninterrupted treatment or earlier if disease progresses and the company provides pembrolizumab according to the managed access agreement. |                                    | x   | 10/01/2019                              | 0                              | Not on Trust formulary for this indication. Respiratory Consultants confirmed patients would be referred to Christie Hospital for treatment (10/01/19). MMC deemed N/A, added to the formulary for this indication, not stocked (10/01/19).  |
| Darvadstrocel for treating complex perianal fistulas in Crohn's disease (TA556)  | 09/01/2019            | <b>Darvadstrocel – NOT RECOMMENDED</b> for previously treated complex perianal fistulas in adults with non-active or mildly active luminal Crohn's disease.   |                                    | х   | 10/01/2019                              | 1                              | Not on Trust formulary. Gastroenterology Consultants confirmed treatment is not applicable, not used (09/01/19). MMC deemed compliant with non-use (10/01/19).   |
| Regorafenib for previously treated advanced hepatocellular carcinoma (TA555)   | 09/01/2019            | Regorafenib – recommended as an option for treating advanced unresectable hepatocellular carcinoma in adults who have had sorafenib, only if they have Child–Pugh grade A liver impairment and an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 and the company provides it according to the commercial arrangement.   |                                    | x   | 10/01/2019                              | 1                              | Not on Trust formulary for this indication. Hepatology Consultants confirmed patients would be referred to Christie Hospital for treatment (09/01/19). MMC deemed N/A, added to the formulary for this indication, not stocked (10/01/19).   |
| Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years (TA554)    | 21/12/2018            | <b>Tisagenlecleucel</b> – recommended for use within the CDF as an option for treating relapsed or refractory B cell acute lymphoblastic leukaemia in people aged up to 25 years, only if the conditions in the managed access agreement are followed.  | x                                  |   | 14/02/2019                              | 55                             | Not on the Trust formulary. Paediatric Haematology team submitted Fast track application for use in line with NICE and confirmed compliance (02/02/19). MMC deemed compliant with use and added to formulary for this indication (14/02/19). |
| Pembrolizumab for adjuvant treatment of resected melanoma with high risk of recurrence (TA553)                                     | 19/12/2018            | Pembrolizumab – recommended for use within the CDF as an option for the adjuvant treatment of stage III melanoma with lymph node involvement in adults who have had complete resection. It is recommended only if the conditions in the managed access agreement for pembrolizumab are followed.  |                                    | x   | 10/01/2019                              | 22                             | Not on Trust formulary for this indication. Dermatology Consultants confirmed patients would be referred to Christie or SRFT for treatment (19/12/18). MMC deemed N/A, added to the formulary for this indication, not stocked (10/01/19).   |
| Liposomal cytarabine—daunorubicin for untreated acute myeloid leukaemia (TA552)  | 19/12/2018            | Liposomal cytarabine—daunorubicin — recommended as an option for untreated therapy-related acute myeloid leukaemia or acute myeloid leukaemia with myelodysplasia-related changes in adults. It is recommended only if the company provides it according to the commercial arrangement.   | х                                  |   | 13/12/2018                              | -6                             | On Trust formulary for this indication (approved 13/12/18 in line with CDF). Haematology Consultants confirmed compliance (19/12/18). MMC deemed compliant with use (10/01/19).  |
| Lenvatinib for untreated advanced hepatocellular carcinoma (TA551)   | 19/12/2018            | <b>Lenvatinib</b> – recommended as an option for untreated, advanced, unresectable hepatocellular carcinoma in adults, only if they have Child–Pugh grade A liver impairment and an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 and; the company provides it according to the commercial arrangement.  |                                    | х   | 10/01/2019                              | 22                             | Not on Trust formulary for this indication. Hepatology Consultants confirmed patients would be referred to Christie for treatment (19/12/18). MMC deemed N/A, added to the formulary, not stocked (10/01/19).                                |
| Vandetanib for treating medullary thyroid cancer (TA550)   | 12/12/2018            | Vandetanib – NOT RECOMMENDED for treating aggressive and symptomatic medullary thyroid cancer in adults with unresectable, locally advanced or metastatic disease.  |                                    | х   | 10/01/2019                              | 29                             | Not on Trust formulary. Endocrinology Consultants confirmed treatment is not applicable, not used (13/12/18). MMC deemed compliant with non-use (10/01/19).  |
| Denosumab for preventing skeletal-related events in multiple myeloma (TA549) (TERMINATED APPRAISAL)                                |                       | <b>Denosumab – NOT RECOMMENDED</b> for preventing skeletal-related events in multiple myeloma because no evidence submission was received from Amgen ( <b>TERMINATED APPRAISAL</b> ).   |                                    | х   | 13/12/2018                              | 8                              | Not on Trust formulary for this indication. Terminated appraisal by NICE. MMC deemed not applicable (13/12/18).  |
| Decitabine for untreated acute myeloid leukaemia (TA548) (TERMINATED APPRAISAL)  | 05/12/2018            | <b>Decitabine – NOT RECOMMENDED</b> for untreated acute myeloid leukaemia because no evidence submission was received from Janssen ( <b>TERMINATED APPRAISAL</b> ).   |                                    | х   | 13/12/2018                              | 8                              | Not on Trust formulary. Terminated appraisal by NICE. MMC deemed not applicable (13/12/18).  |

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|  |                       | , and the second | Yes<br>(mark 'x' if<br>applicable) | N/A<br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)  |
| Tofacitinib for moderately to severely active ulcerative colitis (TA547)                                   | 28/11/2018            | <b>Tofacitinib</b> — active ulcerative colitis in adults when conventional therapy or a biological agent cannot be tolerated or the disease has responded inadequately or lost response to treatment. It is recommended only if the company provides tofacitinib with the discount agreed in the commercial arrangement.   | x                                  |                                    | 13/12/2018                              | 15                             | Not on the Trust formulary for this indication. Gastroenterology Consultants submitted Fast track application for use in line with NICE and confirmed compliance (25/10/18). MMC deemed compliant with use and added to formulary for this indication (13/12/18). |
| Padeliporfin for untreated localised prostate cancer (TA546)   | 21/11/2018            | Padeliporfin – NOT RECOMMENDED for untreated, unilateral, low-risk prostate cancer in adults.  |                                    | х                                  | 13/12/2018                              | 22                             | Not on Trust formulary. Urology Consultants confirmed treatment is not applicable, not used (22/11/18). MMC deemed compliant with non-use (13/12/18).   |
| Gemtuzumab ozogamicin for untreated acute myeloid leukaemia (TA545)  | 14/11/2018            | Gemtuzumab ozogamicin with daunorubicin & cytarabine – recommended as an option for untreated de novo CD33-positive acute myeloid leukaemia (AML), except acute promyelocytic leukaemia, in people 15 years and over, only if: they start induction therapy when either the cytogenetic test confirms that the disease has favourable, intermediate or unknown cytogenetics (that is, because the test was unsuccessful) or when their cytogenetic test results are not yet available and; they start consolidation therapy when their cytogenetic test confirms that the disease has favourable, intermediate or unknown cytogenetics (because the test was unsuccessful) and; the company provides gemtuzumab ozogamicin according to the commercial arrangement.  | x                                  |                                    | 13/12/2018                              | 29                             | Not on the Trust formulary. Haematology team submitted Fast track application for use in line with NICE and confirmed compliance (28/11/18). MMC deemed compliant with use and added to formulary for this indication (13/12/18).                                 |
| Dabrafenib with trametinib for adjuvant treatment of resected BRAF V600 mutation-positive melanoma (TA544) | 17/10/2018            | <b>Dabrafenib</b> with <b>trametinib</b> – recommended as an option for the adjuvant treatment of resected stage III BRAF V600 mutation-positive melanoma in adults. It is recommended only if the company provides dabrafenib and trametinib with the discounts agreed in the commercial arrangements.  |                                    | х                                  | 13/12/2018                              | 57                             | Not on Trust formulary for this indication.<br>Dermatology Team confirmed patients would be<br>referred to Christie for treatment (18/10/18). MMC<br>deemed N/A, added to the formulary, not stocked  |
| Tofacitinib for treating active psoriatic arthritis after inadequate response to DMARDs ( <b>TA543</b> )   | 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.  | х                                  |                                    | 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            | <b>Cabozantinib</b> – 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.   |                                    | х                                  | 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.  | х                                  |                                    | 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).                          |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance  | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE  |                                    | ormulary to NICE                          |   |                                |   |
|--|-----------------------|--|------------------------------------|---|---|--------------------------------|---|
|  |                       |  | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)  |
| Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma ( <b>TA540</b> )                  | 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.   | ×                                  |   | 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 ( <b>TA539</b> ) | 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.   |                                    | х   | 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            | <b>Dinutuximab beta</b> – 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.  | х                                  |   | 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).  |
| Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs (TA537)                 | 08/08/2018            | Ixekizumab alone, or with methotrexate – 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 | х                                  |   | 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 – 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.   |                                    | х   | 13/09/2018                              | 36                             | Not on Trust formulary for this indication.<br>Respiratory Consultants confirmed patients would be<br>referred to Christie for treatment (28/08/18). MMC<br>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 — 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            | <b>Dupilumab</b> – 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)  |

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|   |                       | ,,   | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| 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.   |                                    | ×   | 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 ( <b>TA531</b> )                                   | 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.   |                                    | х   | 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).  |
| Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer (TA529)   | 04/07/2018            | <b>Crizotinib</b> – 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.   |                                    | х   | 12/07/2018                              | 8                              | Not on Trust formulary for this indication.<br>Respiratory Consultants confirmed patients would be<br>referred to Christie for treatment (09/07/18). MMC<br>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.  |                                    | х   | 12/07/2018                              | 8                              | Not on Trust formulary for this indication.<br>Gynaecology Consultants confirmed patients would<br>be referred to Christie for treatment (12/07/18).<br>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. |

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|   |                       |  | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| 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.   | х                                  |   | 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            | <b>Atezolizumab</b> - 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.   |                                    | х   | 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 vedoting to the company are not suitable and; the company provides brentuximab vedoting to the company are not suitable and; the company provides brentuximab vedoting to the company are not suitable and; the company provides brentuximab vedoting to the company are not suitable and; the company provides brentuximab vedoting to the company provides brentuximab vedoting the company provides because the company provides brentuximab vedoting the company provides brentuximab vedoting the company | 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            | <b>Midostaurin</b> - 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.  | х                                  |   | 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).  |
| 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.   |                                    | х   | 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).  |

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|   |                       |   | Yes<br>(mark 'x' if<br>applicable) | N/A<br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days)     | Notes (e.g. rationale, method of making available)   |
| Tocilizumab for treating giant cell arteritis (TA518)             | 18/04/2018            | <b>Tocilizumab</b> 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.    | х                                  |                                    | 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) |
|   |                       |   | 21                                 | 35                                 |   |                                    |  |
|   |                       |   | % "Yes"                            | % "N/A"                            | -                                       | Average<br>implement<br>time(days) |  |
| Adherence statistics for 2018-19                                  |                       |   | 38%                                | 63%                                |   | -11                                |  |



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|  | nereuse               | marcated by MCE  | Yes<br>(mark 'x' if<br>applicable)   | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)   |
| 2017-18  |                       |  |                                      |   |   |                                |   |
| Cabozantinib for treating medullary thyroid cancer ( <b>TA516</b> )  | 28/03/2018            | <b>Cabozantinib</b> - 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                              |                                | 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            | <b>Eribulin - NOT RECOMMENDED</b> for treating locally advanced or metastatic breast cancer in adults who have had only 1 chemotherapy regimen.  |                                      | х   | 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                              |                                | 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 ( <b>TA513</b> )   |                       | <b>Obinutuzumab</b> - recommended as an option for untreated advanced follicular lymphoma in adults (that is, $1^{\text{st}}$ 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                              |                                | 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            | <b>Tivozanib</b> - 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.  | х                                    |   | 08/04/2018                              |                                | 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 ( <b>TA511</b> )   | 21/03/2018            | <b>Brodalumab</b> - 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                              |                                | 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.   | х                                    |   | 08/02/2018                              |                                | 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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| ,.   | nereuse               | marcated by MCE   | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)   |
| 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 <sup>2</sup> . |                                    | 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 ( <b>TA507</b> )  | 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.  | х                                  |   | 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 ( <b>TA506</b> )   | 07/02/2018            | <b>Lesinurad - NOT RECOMMENDED</b> 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.  |                                    | х   | 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 ( <b>TA505</b> )               | 07/02/2018            | Ixazomib, with Ienalidomide & 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.   | х                                  |   | 08/02/2018                              | 1                              | Not on Trust formulary. Haematology/Oncology<br>Consultants completed fast track application form<br>(07/02/18). MMC approved for use in line with NICE<br>and added to formulary for this indication (08/02/18).                   |
| Pirfenidone for treating idiopathic pulmonary fibrosis (replaces TA282) (TA504)  | 06/02/2018            | <b>Pirfenidone</b> - 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).  | х                                  |   | 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            | <b>Fulvestrant - NOT RECOMMENDED</b> 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 ( <b>TA502</b> )  | 31/01/2018            | <b>Ibrutinib</b> - 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 ( <b>TA501</b> )                                     | 31/01/2018            | Intrabeam radiotherapy system - <b>NOT RECOMMENDED</b> 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                              |                                | 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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| ,  |                       |   | Yes<br>(mark 'x' if<br>applicable) | N/A<br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)  |
| Ceritinib for untreated ALK-positive non-small-cell lung cancer (TA500)  | 24/01/2018            | <b>Ceritinib</b> - 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 ( <b>TA499</b> )   | 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.   | х                                  |                                    | 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            | <b>Lenvatinib</b> 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.   | х                                  |                                    | 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 ( <b>TA497</b> )   | 10/01/2018            | <b>Golimumab</b> - 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.   | х                                  |                                    | 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.   | х                                  |                                    | 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 ( <b>TA494</b> )  | 12/12/2017            | Naltrexone-bupropion - NOT RECOMMENDED for managing overweight and obesity in adults alongside a reduced-calorie diet and increased physical activity.  |                                    | х                                  | 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 ( <b>TA493</b> )  | 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. | х                                  |                                    | 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            | <b>Ibrutinib</b> - 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.  | х                                  |                                    | 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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|   | Nereuse               | marcated by MCE   | Yes<br>(mark 'x' if<br>applicable) | N/A<br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)   |
| Nivolumab for treating squamous cell carcinoma of the head and neck after platinum-based chemotherapy (TA490) | 22/11/2017            | <b>Nivolumab</b> - 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.  | х                                  |                                    | 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.   |                                    | х                                  | 14/12/2017                              | 22                             | Not on the Trust formulary. Dermatology<br>Consultants confirmed compliance (22/11/17). MMC<br>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 ( <b>TA487</b> )  | 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.   | х                                  |                                    | 11/01/2018                              |                                | 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-<br>squamous non-small-cell lung cancer ( <b>TA484</b> )                 | 01/11/2017            | <b>Nivolumab</b> - 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.  | х                                  |                                    | 09/11/2017                              |                                | Not on Trust formulary for this indication.<br>Respiratory Consultants confirmed patients would be<br>referred to Christie for treatment (06/11/17). MMC<br>deemed compliant with use and added to formulary<br>(not stocked) (09/11/17). |

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|  |                       |   | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)  |
| 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.  | х                                  |   | 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 RECOMMENDED as initial treatments to prevent organ rejection in children and young people having a kidney transplant.   | х                                  |   | 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) ( <b>TA481</b> )                   | 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.   | х                                  |   | 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 ( <b>TA479</b> )  | 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.   | х                                  |   | 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            | <b>Brentuximab vedotin</b> - 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.   | х                                  |   | 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 2cm² and the procedure is done at a tertiary referral centre.   |                                    | х   | 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                              |                                | 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 ( <b>TA475</b> )  | 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. | х                                  |   | 14/09/2017                              |                                | 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            | <b>Sorafenib</b> - 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.  | х                                  |   | 14/09/2017                              |                                | 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            | <b>Cetuximab</b> in combination with <b>platinum-based chemotherapy</b> - 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.   | х                                  |   | 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            | <b>Obinutuzumab</b> in combination with <b>bendamustine</b> followed by <b>obinutuzumab maintenance</b> - 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                              |                                | 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            | <b>Eluxadoline</b> - 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                              |                                | 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).  |                                    | х   | 14/09/2017                              |                                | 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).  |                                    | х   | 14/09/2017                              | 22                             | Not on Trust formulary for this indication.<br>Terminated appraisal by NICE. MMC deemed<br>compliant (14/09/17).   |
| Methylnaltrexone bromide for treating opioid-<br>induced constipation (TA468) (TERMINATED<br>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).   |                                    | х   | 14/09/2017                              |                                | Not on Trust formulary for this indication.<br>Terminated appraisal by NICE. MMC deemed<br>compliant (14/09/17).   |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance                                | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE  |                                    |                                     | Adhere                                  | ence of local fo               | rmulary to NICE  |
|--|-----------------------|--|------------------------------------|-------------------------------------|---|--------------------------------|--|
|  |                       |  | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b> (mark 'x' if applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)  |
| Holoclar for treating limbal stem cell deficiency after eye burns ( <b>TA467</b> )               | 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.   | х                                  |                                     | 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 | х                                  |                                     | 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  | х                                  |                                     | 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.   | х                                  |                                     | 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            | <b>Nivolumab</b> - recommended as an option for treating relapsed or refractory classical Hodgkin lymphoma in adults after autologous stem cell transplant and treatment with brentuximab vedotin.   | х                                  |                                     | 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) ( <b>TA461</b> ) | 26/07/2017            | <b>Roflumilast</b> (as an add-on to bronchodilator therapy) - recommended as an option for treating severe chronic obstructive pulmonary disease in adults with chronic bronchitis.  | х                                  |                                     | 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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|   | 7.0.0.0               |   | Yes<br>(mark 'x' if<br>applicable)         | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)  |  |
| Adalimumab and dexamethasone for treating non-infectious uveitis ( <b>TA460</b> )   | 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 ( <b>TA459</b> )  | 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-<br>positive advanced breast cancer after<br>trastuzumab and a taxane ( <b>TA458</b> )      | 19/07/2017            | <b>Trastuzumab emtansine</b> - 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. | х  |   | 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 ( <b>TA457</b> )  | 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.  | х  |   | 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.   | х  |   | 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).  |  | х   | 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            | <b>Bortezomib - NOT RECOMMENDED</b> for treating multiple myeloma after second or subsequent relapse because no evidence submission was received from Janssen–Cilag <b>(TERMINATED APPRAISAL)</b> .   |  | х   | 13/07/2017                              | 8                              | Not on Trust formulary for this indication.<br>Terminated appraisal by NICE. MMC deemed<br>compliant (13/07/17).   |  |
| Ibrutinib for untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation (TA452) (TERMINATED APPRAISAL)        | 05/07/2017            | <b>Ibrutinib - NOT RECOMMENDED</b> for untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation because no evidence submission was received from Janssen–Cilag (TERMINATED APPRAISAL).   |  | х   | 13/07/2017                              | 8                              | Not on Trust formulary for this indication.<br>Terminated appraisal by NICE. MMC deemed<br>compliant (13/07/17).   |  |

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|---|-----------------------|---|------------------------------------|---|---|--------------------------------|---|
|   |                       |   | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(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-<br>chromosome-negative relapsed or refractory precursor B-cell acute lymphoblastic<br>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            | <b>Etelcalcetide</b> - 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 ( <b>TA447</b> )   | 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-<br>positive Hodgkin lymphoma ( <b>TA446</b> )  | 14/06/2017            | <b>Brentuximab vedotin</b> - 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.  | х                                  |   | 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 ( <b>TA445</b> )               | 24/05/2017            | <b>Certolizumab pegol &amp; Secukinumab</b> (alone, or in combination with methotrexate) - recommended as an option for treating active psoriatic arthritis in adults.  | х                                  |   | 08/06/2017                              |                                | Not on Trust formulary for this indication.<br>Rheumatology Consultants submitted fast track<br>application (25/05/17). MMC deemed compliant<br>with use, added to formulary (08/06/17).  |
| Afatinib for treating advanced squamous non-<br>small-cell lung cancer after platinum-based<br>chemotherapy (TA444) (TERMINATED<br>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.<br>Terminated appraisal by NICE. MMC deemed<br>compliant with non-use (08/06/17).   |

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|  | Hereuse               | , ,  | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b> (mark 'x' if applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days)     | Notes (e.g. rationale, method of making available)  |
| Obeticholic acid for treating primary biliary cholangitis ( <b>TA443</b> )                       | 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.   | х                                  |                                     | 08/06/2017                              |                                    | Not on Trust formulary. Hepatobiliary Consultants submitted MMC application (18/05/17). MMC deemed compliant with use and added to formulary (08/06/17).  |
| xekizumab for treating moderate to severe olaque psoriasis ( <b>TA442</b> )                      | 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                              |                                    | 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 nultiple sclerosis ( <b>TA441</b> )                  | 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.   | х                                  |                                     | 11/05/2017                              |                                    | 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 ( <b>TA440</b> ) | 26/04/2017            | Pegylated liposomal <b>irinotecan</b> in combination with <b>5-fluorouracil</b> and <b>leucovorin</b> - <b>NOT RECOMMENDED</b> for treating metastatic adenocarcinoma of the pancreas in adults whose disease has progressed after gemcitabine-based therapy.  |                                    | х                                   | 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<br>implement<br>time(days) |   |
| Adherence statistics for 2017-18   |                       |  | 78%                                | 22%                                 |   | 1                                  |   |



**NHS Foundation Trust** 

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|   | Release               | indicated by NiCE   | Yes<br>(mark 'x' if<br>applicable) | N/A<br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)   |
| 2016-17   |                       |   |                                    |                                    |   |                                |   |
| Cetuximab and panitumumab for previously<br>untreated metastatic colorectal cancer<br>(replaces TA176; partially updates TA240)<br>(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                              |                                | 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)   |                                    | х                                  | 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)  |                                    | х                                  | 13/04/2017                              |                                | 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-<br>positive non-small-cell lung cancer (TA436)<br>(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)  |                                    | х                                  | 13/04/2017                              |                                | 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            | <b>Tenofovir alafenamide - NOT RECOMMENDED</b> for treating chronic hepatitis B as no evidence submission received from Gilead <b>(TERMINATED APPRAISAL)</b>  |                                    | х                                  | 13/04/2017                              |                                | 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 - <b>NOT RECOMMENDED</b> for treatment of multiple myeloma as no evidence submission received from Bristol–Myers Squibb <b>(TERMINATED APPRAISAL)</b> .  |                                    | х                                  | 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.   | х                                  |                                    | 09/03/2017                              |                                | Not on Trust formulary for this indication.<br>Rheumatology Consultants submitted fast track<br>application and confirmed compliance (22/02/17).<br>MMC added to formulary (09/03/17).        |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance   | Date of TA<br>Release |  | Adherence of local formulary to NICE |   |   |                                |   |  |
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| , v   | nereuse               | marcated by their  | Yes<br>(mark 'x' if<br>applicable)   | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)   |  |
| Everolimus for advanced renal cell carcinoma after previous treatment (TA432)   | 22/02/2017            | <b>Everolimus</b> - recommended as an option for treating advanced renal cell carcinoma that has progressed during or after treatment with vascular endothelial growth factor targeted therapy.  | х                                    |   | 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            | <b>Mepolizumab</b> - as an add-on to optimised standard therapy, is recommended as an option for treating severe refractory eosinophilic asthma in adults.   | х                                    |   | 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 ( <b>TA430</b> )  | 25/01/2017            | Sofosbuvir-velpatasvir - recommended as an option for treating chronic hepatitis C in adults.  | х                                    |   | 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.  | х                                    |   | 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-<br>small-cell lung cancer after chemotherapy<br>(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            | <b>Pomalidomide</b> in combination with low dose <b>dexamethasone</b> - 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. | х                                    |   | 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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|  |                       |  | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable)   | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)   |  |  |
| 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                              |                                | 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                              |                                | 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            | <b>Eribulin</b> - 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                              |                                | 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            | <b>Crizotinib</b> - 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                              |                                | 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            | <b>Everolimus</b> , in combination with <b>exemestane</b> - 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                              |                                | 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            | <b>Ticagrelor</b> - in combination with <b>aspirin</b> - <b>re</b> commended 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                              |                                | 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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|   |                       |  | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| Apremilast for treating moderate to severe plaque psoriasis (replaces TA368) ( <b>TA419</b> )   | 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. | х                                  |   | 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.   | х                                  |   | 08/12/2016                              | 15                             | Not on Trust formulary for this indication. Diabetes Consultants submitted fast track application and confirmed compliance (08/12/16). MIMC 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.   | х                                  |   | 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 ( <b>TA415</b> )                  | 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.  | х                                  |   | 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 ( <b>TA414</b> ) | 26/10/2016            | Cobimetinib - in combination with vemurafenib - NOT RECOMMENDED for treating unresectable or metastatic melanoma in adults with a BRAF V600 mutation.  |                                    | х   | 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   | х                                  |   | 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-<br>relapsed prostate cancer with bone metastases<br>(TA412)                                   |                       | 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.                          | х                                  |   | 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).                            |
| Necitumumab for untreated advanced or metastatic squamous non-small-cell lung cancer (TA411)  | 28/09/2016            | <b>Necitumumab</b> - in combination with <b>gemcitabine</b> & <b>cisplatin</b> - <b>NOT RECOMMENDED</b> 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.          |                                    | х   | 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).  |

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|  |                       |  | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)  |
| Talimogene laherparepvec for treating unresectable metastatic melanoma ( <b>TA410</b> )  | 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.  | х                                  |   | 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            | <b>Secukinumab</b> - 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.   |                                    | х   | 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. |                                    | х   | 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-<br>dependent prostate cancer (TA404)  | 24/08/2016            | <b>Degarelix - r</b> ecommended as an option for treating advanced hormone-dependent prostate cancer in people with spinal metastases.   | х                                  |   | 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).                         |
| 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.  |                                    | х   | 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)       |

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|   | nereuse               | marcated by MCL   | Yes<br>(mark 'x' if<br>applicable) | N/A<br>(mark 'x' if<br>applicable)           | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)   |  |
| Bosutinib for previously treated chronic myeloid leukaemia (TA401)                                      | 24/08/2016            | <b>Bosutinib</b> - 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 ( <b>TA400</b> )                | 27/07/2016            | <b>Nivolumab</b> - in combination with ipilimumab is recommended as an option for treating advanced (unresectable or metastatic) melanoma in adults.  | х                                  |  | 05/08/2016                              |                                | Dermatology Consultants confirmed patients would<br>be referred to Christie for treatment (05/08/16).<br>MMC deemed applicable & compliant with use and<br>added to formulary (11/08/16).                                 |  |
| Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts ( <b>TA399</b> ) | 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.   |                                    | х  | 27/07/2016                              |                                | Not on Trust formulary for this indication.<br>Haematology Consultants confirmed compliance<br>(27/07/16). MMC deemed compliant with non-use<br>(11/08/16)  |  |
| Lumacaftor—ivacaftor for treating cystic fibrosis homozygous for the F508del mutation ( <b>TA398</b> )  | 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<br>Consultants confirmed compliance (29/07/16). MMC<br>deemed compliant with non-use (11/08/16)  |  |
| Belimumab for treating active autoantibody-<br>positive systemic lupus erythematosus ( <b>TA397</b> )   | 22/06/2016            | <b>Belimumab</b> - recommended as an option as add-on treatment for active autoantibody-positive systemic lupus erythematosus in adults.  | х                                  |  | 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            | <b>Trametinib</b> - 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            | <b>Evolocumab</b> - recommended as an option for treating primary hypercholesterolaemia or mixed dyslipidaemia.   | х                                  |  | 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).                    |  |
| Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia (TA393)                   | 22/06/2016            | Alirocumab - recommended as an option for treating primary hypercholesterolaemia or mixed dyslipidaemia   | х                                  |  | 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.   | х                                  |  | 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). |  |

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|   | neicuse               | marcated by Wee  | Yes<br>(mark 'x' if<br>applicable) | N/A<br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| 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.   |                                    | х                                  | 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-<br>relapsed prostate cancer before chemotherapy<br>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.   |                                    | х                                  | 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<br>% "Yes"                      | 13<br>% "N/A"                      | -                                       | Average implement time(days)   |  |
| Adherence statistics for 2016-17  |                       |  | 72%                                | 28%                                |   | 17                             |  |



**NHS Foundation Trust** 

| Technology appraisal (TA)  Titles are hyperlinks to full guidance  | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE   |                                    |                                    | Adhere                                  | nce of local fo                | rmulary to NICE  |
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|  | neieuse               | marcated by NICL  | Yes<br>(mark 'x' if<br>applicable) | N/A<br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| 2015-16  |                       |   |                                    |                                    |   |                                |  |
| Ruxolitinib for treating disease-related splenomegaly or symptoms in adults with myelofibrosis (TA386)   | 23/03/2016            | <b>Ruxolitinib</b> - 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-<br>familial and non-familial<br>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. | х                                  |                                    | 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                              |                                | 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            | <b>Eltrombopag - NOT RECOMMENDED</b> for treatment of severe aplastic anaemia refractory to immunosuppressive therapy <b>(terminated appraisal)</b> .   |                                    | х                                  | 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 2 <sup>nd</sup> line or subsequent platinum-based chemotherapy ( <b>TA381</b> ) | 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).                                |
| Panobinostat for treating multiple myeloma after at least 2 previous treatments ( <b>TA380</b> )   | 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.   | х                                  |                                    | 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).  |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance  | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE  | Adherence of local formulary to NICE |   |   |                                |  |
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| Nintedanib for treating idiopathic pulmonary fibrosis (TA379)  | 26/01/2016            | Nintedanib - recommended as an option for treating idiopathic pulmonary fibrosis.  | х                                    |   | 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.   |                                      | х   | 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-<br>relapsed prostate cancer before chemotherapy<br>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-<br>relapsed prostate cancer with bone metastases<br>(TA376)  | 26/01/2016            | <b>Radium 223 dichloride</b> - recommended as an option for treating adults with hormone relapsed prostate cancer, symptomatic bone metastases and no known visceral metastases.   |                                      | х   | 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  | х                                    |   | 26/01/2016                              | C                              | 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).   |
| 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.  |                                      | х   | 14/01/2016                              | 29                             | Not on Trust formulary. Not recommended by NICE. MMC deemed not applicable & compliant with non-use (14/01/16)   |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance   | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE  | edical condition, as Adherence of local formulary to N |   |   |                                |   |  |
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| " ·   | 7.00                  |  | Yes<br>(mark 'x' if<br>applicable)                     | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)   |  |
| Trastuzumab emtansine for treating HER2-<br>positive, unresectable locally advanced or<br>metastatic breast cancer after treatment with<br>trastuzumab and a taxane (TA371) | 16/12/2015            | <b>Trastuzumab emtansine - NOT RECOMMENDED</b> 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. |  | х   | 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            | <b>Bortezomib</b> - recommended as an option for previously untreated mantle cell lymphoma in adults for whom haematopoietic stem cell transplantation is unsuitable.  | х  |   | 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            | <b>Ciclosporin</b> - recommended as an option for treating severe keratitis in adult patients with dry eye disease that has not improved despite treatment with tear substitutes.  | х  |   | 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.                               |  | х   | 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            | <b>Vortioxetine</b> - recommended as an option for treating major depressive episodes in adults whose condition has responded inadequately to 2 antidepressants within the current episode.  | х  |   | 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.   |  | х   | 26/11/2015                              | 1                              | Dermatology Consultants confirmed patients would<br>be referred to Christie for treatment (26/11/15).<br>MMC deemed applicable & compliant with use and<br>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.   | х  |   | 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  | х  |   | 30/11/2015                              | 5                              | On Trust formulary for this indication.<br>Gastroenterology Consultants confirmed compliance<br>(30/11/15). MMC deemed compliant with use<br>(10/12/15).                                  |  |
| Ledipasvir—sofosbuvir for treating chronic hepatitis C ( <b>TA363</b> )   | 25/11/2015            | <b>Ledipasvir–sofosbuvir</b> - recommended as an option for treating chronic hepatitis C in adults.  | х  |   | 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).   |  |
| 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).  |  | х   | 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).   |  | х   | 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).   |  |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance   | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE  |                                    |                                     | Adhere                                  | ence of local fo               | rmulary to NICE  |
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| , , , , , , , , , , , , , , , , , , ,   |                       |  | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b> (mark 'x' if applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)  |
| 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            | <b>Idelalisib</b> (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            | <b>Tolvaptan</b> - recommended as an option for treating autosomal dominant polycystic kidney disease in adults to slow the progression of cyst development and renal insufficiency.   | х                                  |                                     | 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            | <b>Ruxolitinib</b> - 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            | <b>Edoxaban</b> - 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.       | х                                  |                                     | 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.   | х                                  |                                     | 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).   |
| Bevacizumab for treating relapsed, platinum resistant epithelial ovarian, fallopian tube or primary peritoneal cancer (TERMINATED APPRAISAL) (TA353)  | 26/08/2015            | <b>Bevacizumab</b> - 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.   | х                                  |                                     | 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 | х                                  |                                     | 13/08/2015                              | 22                             | Not on Trust formulary. Not recommended by NICE. MMC deemed not applicable & compliant with non-use (13/08/15).  |

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|   |                       |  | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)   |  |
| Secukinumab for treating moderate to severe plaque psoriasis (TA350)  | 22/07/2015            | Secukinumab - recommended as an option for treating adults with plaque psoriasis.  | х                                  |   | 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 ( <b>TA349</b> )                                | 22/07/2015            | <b>Dexamethasone</b> intravitreal implant - recommended as an option for treating diabetic macular oedema.   | х                                  |   | 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            | <b>Everolimus - NOT RECOMMENDED</b> for preventing organ rejection in people having a liver transplant.  |                                    | х   | 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            | <b>Nintedanib</b> in combination with <b>docetaxel</b> - recommended as an option for locally advanced, metastatic or locally recurrent non small cell lung cancer of adenocarcinoma histology that has progressed after 1 <sup>st L</sup> ine chemotherapy. |                                    | х   | 27/07/2015                              | 5                              | Not on Trust formulary for this indication.<br>Respiratory Consultants confirmed patients would be<br>referred to Christie for treatment (27/07/15). MMC<br>deemed applicable & compliant with use and added<br>to formulary (13/08/15) |  |
| Aflibercept for treating diabetic macular oedema (TA346)  | 22/07/2015            | Affibercept - 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.  | х                                  |   | 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.   | х                                  |   | 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).   |  |
| Obinutuzumab in combination with chlorambucil for untreated chronic lymphocytic leukaemia (TA343)                       | 02/06/2015            | <b>Obinutuzumab</b> in combination with <b>chlorambucil</b> -recommended as an option for adults with untreated chronic lymphocytic leukaemia who have comorbidities that make full-dose fludarabine-based therapy unsuitable for them.                      | х                                  |   | 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            | <b>Vedolizumab</b> - recommended as an option for treating moderately to severely active ulcerative colitis in adults.   | х                                  |   | 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            | <b>Ustekinumab</b> - recommended as an option, alone or in combination with methotrexate, for treating active psoriatic arthritis in adults  | х                                  |   | 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).  |  |

| Technology appraisal (TA)                 | Date of TA | Availability of medicine for NHS patients with this medical condition, as      | Adherence of local formulary to NICE |              |               |            |  |  |
|---|------------|--|--------------------------------------|--------------|---------------|------------|--|--|
| Titles are hyperlinks to full guidance    | Release    | indicated by NICE  |                                      |              |               |            |  |  |
|   |            |  | Yes                                  | N/A          | Date of local | Time to    | Notes (e.g. rationale, method of making available) |  |
|   |            |  | (mark 'x' if                         | (mark 'x' if | decision      | implement  |  |  |
|   |            |  | applicable)                          | applicable)  | (DD/MM/YY)    | (days)     |  |  |
| Omalizumab for previously treated chronic | 02/06/2015 | Omalizumab - recommended as an option (add-on) therapy to treat severe         |                                      |              | 11/06/2015    | 9          | On Trust formulary. MMC approved in line with NICE |  |
| spontaneous urticaria (TA339)             |            | chronic spontaneous urticaria in adults & young people aged 12 years and over. | ¥                                    |              |               |            | for this indication (11/06/15).                    |  |
|   |            |  | *                                    |              |               |            |  |  |
|   |            |  |                                      |              |               |            |  |  |
|   |            |  | 30                                   | 18           |               |            |  |  |
|   |            |  |                                      |              |               | Average    |  |  |
|   |            |  | % "Yes"                              | % "N/A"      | _             | implement  |  |  |
|   | time(d:    |  |                                      |              |               | time(days) |  |  |
| Adherence statistics for 2015-16          | 63%        | 38%  |                                      | 13           |               |            |  |  |



**NHS Foundation Trust** 

| Technology appraisal (TA)  Titles are hyperlinks to full guidance  | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE   |                                    |                                    | Adhere                                  | nce of local fo                | rmulary to NICE   |
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|  | Keleuse               |   | Yes<br>(mark 'x' if<br>applicable) | N/A<br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(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            | <b>Pomalidomide</b> in combination with <b>dexamethasone</b> - 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                              |                                | 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            | <b>Rifaximin</b> - recommended as an option for reducing the recurrence of episodes of overt hepatic encephalopathy in people aged 18 years or older.   | х                                  |                                    | 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 ( <b>TA336</b> )   | 25/03/2015            | <b>Empagliflozin</b> - 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. | х                                  |                                    | 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            | <b>Rivaroxaban</b> - 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.   | х                                  |                                    | 06/05/2015                              |                                | 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            | <b>Regorafenib</b> - 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.  |                                    | х                                  | 11/03/2015                              |                                | 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                              |                                | Not on Trust formulary for this indication.<br>Haematology Consultants confirmed patients would<br>be referred to Christie for treatment (27/02/15).<br>MMC deemed applicable & compliant with use and<br>added to formulary (11/03/15) |
| Sipuleucel-T for treating asymptomatic or minimally symptomatic metastatic hormone-relapsed prostate cancer (TA332)        | 25/02/2015            | <b>Sipuleucel-T</b> - <b>NOT RECOMMENDED</b> 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                              |                                | Not on Trust formulary for this indication. Not recommended by NICE. MMC deemed not applicable & compliant with non-use (11/03/15).   |
| 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.   | х                                  |                                    | 12/06/2014                              |                                | 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)  |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance  | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE  |                                    |                                    | Adhere                                  | nce of local fo                | rmulary to NICE   |
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|  | Nereuse               | marcated by MCL  | Yes<br>(mark 'x' if<br>applicable) | N/A<br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)   |
| Sofosbuvir for treating chronic hepatitis C (TA330)  | 25/02/2015            | Sofosbuvir - recommended as an option for treating chronic hepatitis C in adults.  | х                                  |                                    | 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            | <b>Infliximab, adalimumab</b> and <b>golimumab</b> - 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. | х                                  |                                    | 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            | <b>Idelalisib</b> - 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.   | х                                  |                                    | 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) ( <b>TA326</b> )   | 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.   | х                                  |                                    | 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<br>bradycardia due to sick sinus syndrome<br>without atrioventricular block (part review of<br>TA88) (TA324)                           | 26/11/2014            | <b>Dual-chamber pacemakers</b> - recommended as an option for treating symptomatic bradycardia due to sick sinus syndrome without atrioventricular block.  | х                                  |                                    | 11/12/2014                              |                                | 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)                             |                       | <b>Epoetin alfa, beta, theta</b> & <b>zeta</b> , and <b>darbepoetin alfa</b> - recommended as options for treating anaemia in people with cancer who are having chemotherapy   | х                                  |                                    | 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).  |
| Lenalidomide for treating myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality (TA322)  |                       | <b>Lenalidomide</b> - 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           | х                                  |                                    | 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   | х                                  |                                    | 22/10/2014                              |                                | 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). |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance   | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE  | on, as Adherence of local formulary to NICE |                                    |   |                                |   |  |
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|   |                       |  | Yes<br>(mark 'x' if<br>applicable)          | N/A<br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)   |  |
| Dimethyl fumarate for treating relapsing-<br>remitting multiple sclerosis ( <b>TA320</b> )                                  | 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)  |   | х                                  | 11/09/2014                              |                                | 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            | <b>Ipilimumab</b> - 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.   | х   |                                    | 13/08/2014                              |                                | 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            | <b>Lubiprostone</b> - 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                              |                                | 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.   | х   |                                    | 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            | <b>Enzalutamide</b> - 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   |   | х                                  | 04/08/2014                              |                                | 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#               |  |
| Diabetes (type 2) - canagliflozin ( <b>TA315</b> )  | 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 ( <b>TA314</b> )   | 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)   |  |

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|  |                       | , and the second | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days)     | <b>Notes</b> (e.g. rationale, method of making available)   |
| Psoriatic arthritis (active) - ustekinumab (TA313)                               | 28/05/2014            | <b>Ustekinumab</b> - <b>NOT RECOMMENDED</b> 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.   | х                                  |   | 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 ( <b>TA312</b> )          | 28/05/2014            | Alemtuzumab - recommended as an option for treatment of adults with active relapsing–remitting multiple sclerosis.   | х                                  |   | 02/06/2014                              |                                    | 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) ( <b>TA311</b> )               | 23/04/2014            | <b>Bortezomib</b> - 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 ( <b>TA310</b> ) | 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                              |                                    | 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) -<br>pemetrexed ( <b>TA309</b> )      | 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.   |                                    | х   | 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<br>implement<br>time(days) |   |
| Adherence statistics for 2014-15   |                       |  | 73%                                | 27%                                       |   | -183                               |   |



**NHS Foundation Trust** 

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| 2013-14  |                       |  |                                    |   |   |                                |   |
| Vasculitis (anti-neutrophil cytoplasmic antibody-associated) - rituximab (with glucocorticoids) ( <b>TA308</b> )       | 26/03/2014            | <b>Rituximab</b> - 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            | Affibercept - 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.  | х                                  |   | 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 ( <b>TA306</b> )                               | 26/02/2014            | <b>Pixantrone</b> - monotherapy is recommended as an option for treating adults with multiply relapsed or refractory aggressive non-Hodgkin's B-cell lymphoma.   | х                                  |   | 03/03/2014                              | 5                              | Not on Trust formulary for this indication. Fast track<br>TA form completed (03/03/14). MMC approved and<br>deemed compliant with use in line with NICE<br>(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.  | х                                  |   | 10/04/2014                              | 43                             | Not on Trust formulary for this indication. Fast track<br>TA form completed (07/04/14). MMC approved and<br>deemed compliant with use in line with NICE<br>(10/04/14)   |
| Arthritis of the hip (end stage) - hip replacement (total) & resurfacing arthroplasty (Rev TA2, TA44) ( <b>TA304</b> ) | 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            | <b>Teriflunomide</b> - recommended for treating adults with active relapsing–remitting multiple sclerosis (normally defined as 2 clinically significant relapses in the previous 2 years).   | х                                  |   | 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.  | х                                  |   | 12/12/2013                              | 15                             | Not on Trust formulary for this indication. MMC deemed not applicable and compliant with non-use (12/12/13)   |
| Diabetic macular oedema - fluocinolone acetonide intravitreal implant (rapid review of TA271) ( <b>TA301</b> )         | 27/11/2013            | <b>Fluocinolone acetonide</b> - 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.  | х                                  |   | 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)  |

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| n C   | nereuse               | , and the second | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| Hepatitis C (children and young people) - peginterferon alfa & ribavirin ( <b>TA300</b> )   | 27/11/2013            | Peginterferon alfa in combination with Ribavirin - recommended as an option for treating chronic hepatitis C in children and young people.   | х                                  |   | 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<br>(TA299)  | 27/11/2013            | Bosutinib - NOT RECOMMENDED for treating Philadelphia-chromosome-positive chronic myeloid leukaemia (CML).   | х                                  |   | 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 ( <b>TA298</b> )   | 27/11/2013            | Ranibizumab - recommended as an option for treating visual impairment due to choroidal neovascularisation secondary to pathological myopia.  | х                                  |   | 31/01/2014                              | 65                             | Not on Trust formulary for this indication. Fast track<br>TA form completed (31/01/14). MMC deemed<br>compliant with use subject to agreeing funding with<br>commissioners (13/02/14)            |
| Vitreomacular traction - ocriplasmin ( <b>TA297</b> )   | 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<br>lymphoma kinase fusion gene, previously<br>treated) - crizotinib ( <b>TA296</b> )                  | 25/09/2013            | Crizotinib - NOT RECOMMENDED wfor treating adults with previously treated anaplastic-lymphoma kinase-positive advanced non-small-cell lung cancer.   | х                                  |   | 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.  | х                                  |   | 12/09/2013                              |                                | Not on Trust formulary for this indication.<br>Consultants confirmed that patients would receive<br>treatment at UHSM if recommended (28/08/13).<br>MMC deemed compliant with non-use (12/09/13) |
| Macular degeneration (wet age-related) - aflibercept (1 <sup>st</sup> line) ( <b>TA294</b> )  | 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.   | х                                  |   | 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)                               |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance     | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE   |                                    |   | Adhere                                  | herence of local formulary to NICE |   |  |  |
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|   | 7.00                  |   | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b><br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days)     | <b>Notes</b> (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 2 <sup>nd</sup> 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).  | х                                  |   | 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            | <b>Pegloticase - NOT RECOMMENDED</b> 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.  | х                                  |   | 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            | <b>Mirabegron</b> - 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            | <b>Ruxolitinib</b> - <b>NOT RECOMMENDED</b> 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.  | х                                  |   | 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 ( <b>TA288</b> )  | 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)                                  |  |  |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance  | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE  |                                    |                                     | Adhere                                  | ence of local fo               | rmulary to NICE  |
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|  |                       |  | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b> (mark 'x' if applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)  |
| Pulmonary embolism and recurrent venous thromboembolism - rivaroxaban (TA287)  | 26/06/2013            | <b>Rivaroxaban</b> - recommended as an option for treating pulmonary embolism and preventing recurrent deep vein thrombosis & pulmonary embolism in adults.  | x                                  |                                     | 18/07/2013                              |                                | 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            | <b>Loxapine</b> - <b>NOT RECOMMENDED</b> 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            | <b>Bevacizumab</b> with <b>gemcitabine</b> and <b>carboplatin</b> - <b>NOT RECOMMENDED</b> to treat people with the 1 <sup>st</sup> 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. | х                                  |                                     | 23/05/2013                              |                                | 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            | <b>Bevacizumab</b> with <b>paclitaxel</b> and <b>carboplatin</b> - <b>NOT RECOMMENDED</b> for 1 <sup>st</sup> -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).   | х                                  |                                     | 23/05/2013                              |                                | 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 ( <b>TA283</b> )   | 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   | x                                  |                                     | 13/06/2013                              |                                | 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.  | х                                  |                                     | 16/05/2013                              |                                | 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)   |
| Rheumatoid arthritis - abatacept (2 <sup>nd</sup> line) (rapid review of TA234) ( <b>TA280</b> )   | 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)   |

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|   |                       |   | Yes<br>(mark 'x' if<br>applicable)   | N/A<br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days)     | Notes (e.g. rationale, method of making available)  |  |  |
| Vertebral fractures - vertebroplasty and kyphoplasty ( <b>TA279</b> )                               |                       | Percutaneous vertebroplasty & percutaneous balloon kyphoplasty without stenting - recommended as treatment options for osteoporotic vertebral compression fractures   |                                      | х                                  | 07/06/2013                              |                                    | 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) |                       | 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) |                                      |                                    | 05/03/2008                              |                                    | 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<br>implement<br>time(days) |   |  |  |
| Adherence statistics for 2013-14  |                       |   | 97%                                  | 3%                                 |   | -182                               |   |  |  |



**NHS Foundation Trust** 

| Technology appraisal (TA)  Titles are hyperlinks to full guidance   | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE  |                                    |                                     | Adhere                                  | nce of local fo                | ormulary to NICE   |
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|   | neicuse               | maidated 2) mez  | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b> (mark 'x' if applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(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            | <b>Methylnaltrexone</b> - 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            | <b>Tobramycin DPI &amp; Colistimethate sodium DPI</b> - recommended as options for treating chronic pulmonary infection caused by <i>Pseudomonas aeruginosa</i> in people with cystic fibrosis                   | х                                  |                                     | 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.  | х                                  |                                     | 27/02/2013                              | C                              | 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            | <b>Tadalafil</b> - Unable to recommend NHS use. TA terminated due to lack of evidence submission.  | х                                  |                                     | 23/01/2013                              |                                | 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            | <b>Vinflunine - NOT RECOMMENDED</b> 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 ( <b>TA271</b> )  | 23/01/2013            | Fluocinolone acetonide intravitreal implant - not recommended for the treatment of chronic diabetic macular oedema.  | х                                  |                                     | 06/02/2013                              |                                | 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)  |                       | <b>Decitabine</b> - Unable to recommend NHS use. TA terminated due to lack of evidence submission.   | x                                  |                                     | 10/01/2013                              |                                | 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            | <b>Vemurafenib</b> - recommended as an option for treating BRAF V600 mutation positive unresectable or metastatic melanoma.  |                                    | х                                   | 17/12/2012                              |                                | Not on Trust formulary for this indication, chemotherapy would be offered at the Christie hospital. MMC deemed not applicable (10/01/13)   |
| Melanoma (stage III or IV) - ipilimumab ( <b>TA268</b> )  | 14/12/2012            | <b>Ipilimumab</b> - recommended as an option for treating advanced (unresectable or metastatic) melanoma in people who have received prior therapy.  |                                    | х                                   | 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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|---|-----------------------|---|------------------------------------|-------------------------------------|---|--------------------------------|--|
|   |                       |   | Yes<br>(mark 'x' if<br>applicable) | <b>N/A</b> (mark 'x' if applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | <b>Notes</b> (e.g. rationale, method of making available)  |
| 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                              |                                | Not on Trust formulary for this indication,<br>Respiratory Consultants confirmed they do not<br>provide / supervise adult CF treatment (29/11/12).<br>MMC deemed not applicable (13/12/12) |
| Bone metastases from solid tumours - denosumab (TA265)  | 24/10/2012            | <b>Denosumab</b> - recommended as an option for preventing skeletal-related events in adults with bone metastases from breast cancer and from solid tumours other than prostate | х                                  |                                     | 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.  | х                                  |                                     | 11/03/2004                              | -3122                          | Alteplase MMC approved (11/03/04). MMC approved NICE guidelines (18/10/12)   |
| Bevacizumab in combination with capecitabine for the 1 <sup>st</sup> -line treatment of metastatic breast cancer ( <b>TA263</b> ) | 22/08/2012            | Bevacizumab in combination with capecitabine - NOT RECOMMENDED for the $1^{\text{st}}$ -line treatment of metastatic breast cancer.   | x                                  |                                     | 13/09/2012                              |                                | 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            | <b>Rivaroxaban</b> – recommended as a possible treatment for DVT, and to help prevent a pulmonary embolism or another DVT.  | х                                  |                                     | 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.  | х                                  |                                     | 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            | <b>Lapatinib &amp; trastuzumab</b> - <b>NOT RECOMMENDED</b> with an aromatase inhibitor for post-menopausal women with HER2 & hormone receptor + metastatic breast cancer.      | x                                  |                                     | 12/07/2012                              |                                | Not on Trust formulary for this indication,<br>chemotherapy would be offered at the Christie<br>hospital   |
| Migraine (chronic) - botulinum toxin type A (TA260)   | 26/06/2012            | <b>Botulinum toxin</b> – recommended as a possible treatment for preventing headaches in some adults with chronic migraine.   |                                    | х                                   | 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) ( <b>TA259</b> )                     | 20/06/2012            | <b>Abiraterone</b> c recommended as possible treatment for metastatic prostate cancer after testosterone reduction therapy and docetaxel.                                       |                                    | x                                   | 28/06/2012                              |                                | Not on Trust formulary for this indication,<br>chemotherapy would be offered at the Christie<br>hospital   |
| Lung cancer (non small cell, EGFR-TK mutation positive) - erlotinib (1st line) ( <b>TA258</b> )                                   | 15/06/2012            | <b>Erlotinib</b> – recommended as a possible first-line treatment in locally advanced or metastatic non-small-cell lung cancer.   |                                    | х                                   | 27/06/2012                              | 12                             | Not on Trust formulary for this indication,<br>chemotherapy would be offered at the Christie<br>hospital   |
| Atrial fibrillation (stroke prevention) - rivaroxaban (TA256)   | 24/05/2012            | Rivaroxaban – recommended as an option for AF patients with risk factors.   | х                                  |                                     | 08/03/2012                              | -77                            | Approved by Trust MMC for this indication 08/03/12   |
| Prostate cancer - cabazitazel (TA255)   | 15/05/2012            | Cabazitaxel – NOT RECOMMENDED for patients who have had docetaxel.  | х                                  |                                     | 28/06/2012                              |                                | 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            | <b>Telaprevir</b> — 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   |
|   |                       | 1   |                                    |                                     |   |                                | <u> </u>   |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance                                 | Date of TA | Availability of medicine for NHS patients with this medical condition, as   |                                    |                                    | Adhere                                  | nce of local fo                    | rmulary to NICE  |
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| rides are hyperiniks to full guidance   | Release    | indicated by NICE   | Yes<br>(mark 'x' if<br>applicable) | N/A<br>(mark 'x' if<br>applicable) | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days)     | Notes (e.g. rationale, method of making available)   |
| Hepatitis C (genotype 1) - boceprevir (TA253)   |            | <b>Boceprevir</b> – recommended with peginterferon and ribavirin in compensated liver disease in untreated patients, or those unresponsive to previous treatment. | х                                  |                                    | 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.   |                                    | х                                  | 26/04/2012                              |                                    | 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) |            | Imatinib – recommended as an option. Nilotinib – only under a patient access scheme. Dasatinib – not recommended.   | х                                  |                                    | 08/11/2001                              |                                    | 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)   |            | Eribulin – NOT RECOMMENDED if cancer has progressed despite two chemotherapy regimens.  | х                                  |                                    | 27/04/2012                              |                                    | Not on Trust formulary for this indication, chemotherapy if recommended would be offered at the Christie hospital                                      |
|   |            |   | 21                                 | 7                                  |   |                                    |  |
|   |            |   | % "Yes"                            | % "N/A"                            | -                                       | Average<br>implement<br>time(days) |  |
| Adherence statistics for 2012-13  |            |   | 75%                                | 25%                                |   | -351                               |  |



**NHS Foundation Trust** 

| <b>Technology appraisal (TA)</b> Titles are hyperlinks to full guidance                            | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE  |     | rmulary to NICE |   |                          |  |
|--|-----------------------|--|-----|-----------------|---|--------------------------|--|
|  |                       |  | Yes | N/A             | Date of local<br>decision<br>(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.  | х   |                 | 10/11/2011                              | -112                     | Approved by Trust MMC for this indication 10/11/11   |
| Rheumatoid arthritis - tocilizumab ( <b>TA247</b> update to TA198)                                 | 01/02/2012            | <b>Tocilizumab</b> – recommended with methotrexate as an option for rheumatoid arthritis after other treatments have failed or not been tolerated.                                     | х   |                 | 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   | х   |                 | 10/11/2011                              | -83                      | Approved by Trust MMC for this indication 10/11/11   |
| Venom anaphylaxis - immunotherapy<br>pharmalgen ( <b>TA246</b> )                                   | 01/02/2012            | Pharmalgen – recommended treatment for bee or wasp venom allergy after a severe reaction, or moderate reaction in certain circumstances.   | х   |                 | 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.  | х   |                 | 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.  |     | х               | 08/02/2012                              | 38                       | Not on Trust formulary for this indication,<br>Respiratory Consultants do not intend applying for it<br>(08/02/12)                     |
| Colorectal cancer (metastatic) 2nd line - cetuximab, bevacizumab and panitumumab (TA242)           | 01/01/2012            | Cetuximab – not recommended.  not recommended with fluoropyrimidines.  Panitumumab - not recommended.  |     | х               | 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            | <b>Rituximab</b> – recommended in combination for first line treatment of stage III–IV disease.  | х   |                 | 09/02/2012                              |                          | Approved by Trust MMC for this indication 09/02/2012. Haematology Consultants confirmed compliance (08/10/12)                          |
| Leukaemia (chronic myeloid) - dasatinib,<br>nilotinib, imatinib (intolerant, resistant)<br>(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. | х   |                 | 09/02/2012                              |                          | 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) -<br>tocilizumab ( <b>TA238</b> )                        | 01/12/2011            | Tocilizumab – recommended if NSAIDs, steroids and methotrexate have failed.  | х   |                 | 07/09/2011                              | -85                      | Approved on urgent Clinical need basis 07/09/11. Paed Rheumatology consultants confirmed compliance 02/07/12                           |
| Breast cancer (metastatic) - fulvestrant (TA239)   | 01/12/2011            | <b>Fulvestrant</b> – not recommend post-menopause in metastatic disease if oestrogen-dependent, or if it returned/worsened after anti-oestrogens.                                      |     | х               | 12/01/2012                              |                          | Not on Trust formulary for this indication, chemotherapy if recommended would be offered at the Christie hospital                      |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance  | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE   |     |     | Adhere                                  | nce of local fo                | rmulary to NICE  |
|--|-----------------------|---|-----|-----|---|--------------------------------|--|
|  |                       |   | Yes | N/A | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |
| Colorectal cancer (metastatic) - panitumumab (terminated appraisal) ( <b>TA240</b> )                         | 01/12/2011            | Panitumumab - Unable to recommend NHS use. TA terminated due to lack of evidence submission.  |     | х   | 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.  |     | х   | 08/12/2011                              | 8                              | Not on Trust formulary for this indication, deemed not applicable by MMC 08/12/2011.   |
| Osteosarcoma - mifamurtide ( <b>TA235</b> )  | 01/10/2011            | <b>Mifamurtide</b> – recommended as a treatment for specified children, adolescents and young adults with osteosarcoma.   | х   |     | 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            | <b>Ticagrelor</b> – recommended combined with low-dose aspirin for up to a year as a treatment for specified people with acute coronary syndromes.                              | х   |     | 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            | <b>Golimumab</b> – 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            | <b>Dexamethasone intravitreal implant</b> – 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            | <b>Agomelatine</b> - Unable to recommend NHS use for major depressive episodes. TA terminated due to lack of evidence submission.   |     | х   | 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.                                    |     | х   | 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            | <b>Thalidomide</b> – recommended 1st-line option for specified people with multiple myeloma. <b>Bortezomib</b> – recommended 2nd-line if thalidomide not tolerated or suitable. | х   |     | 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            | <b>Bivalirudin</b> - recommended as a possible treatment for adults with STEMI having percutaneous coronary intervention.   | х   |     | 08/10/2009                              | -631                           | MMC approved for this indication (08/10/09).<br>Cardiology consultants confirmed compliance<br>(30/09/11)  |
| Lung cancer (non-small-cell, advanced or metastatic maintenance treatment) - erlotinib (monotherapy) (TA227) | 01/06/2011            | <b>Erlotinib</b> – not recommended as maintenance after platinum-chemotherapy in locally advanced or metastatic non-small-cell lung cancer.                                     |     | х   | 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) |
| Lymphoma (follicular non-Hodgkin's) -<br>rituximab ( <b>TA226</b> )  | 01/06/2011            | Rituximab – recommended as a possible treatment to maintain remission in follicular non-Hodgkin's lymphoma.   | х   |     | 09/09/2011                              | 100                            | Not on Trust formulary for this indication,<br>Haematology Consultants confirmed compliance<br>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.  | х   |     | 13/10/2011                              | 113                            | MMC approved for this indication (13/10/11), Rheumatology consultants conformed compliance (08/11/11)  |

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|---|-----------------------|--|---------|---------|---|----------------------------------|--|--|
|   |                       |  | Yes     | N/A     | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days)   | Notes (e.g. rationale, method of making available)   |  |
| Rheumatoid arthritis (methotrexate-naïve) - golimumab (TERMINATED APPRAISAL) (TA224)                                  |                       | Golimumab – Unable to recommend NHS use. TA terminated due to lack of evidence submission.   |         | х       | 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,<br>naftidrofyryl oxalate, pentoxifylline and<br>inositol nicotinate (TA223) |                       | Naftidrofuryl oxalate – recommended as an option for intermittent claudication in people with peripheral arterial disease. Cilostazol, pentoxifylline and inositol nicotinate – NOT RECOMMENDED. | х       |         | 12/09/2011                              | 111                              | Naftidrofuryl oxylate approved for this indication.<br>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                              |                                  | MMC approved for this indication (11/03/10). Haematology consultants conformed compliance 17/06/11   |  |
| Ovarian cancer (relapsed) - trabectedin (TA222)   |                       | <b>Trabectedin – NOT RECOMMENDED</b> with pegylated liposomal doxorubicin for relapsed platinum-sensitive ovarian cancer.  |         | х       | 12/05/2011                              |                                  | 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)   |                       | <b>Golimumab</b> – recommended as a possible treatment after trying other DMARDs in the same circumstances as TA199.   | х       |         | 13/10/2011                              | 195                              | MMC approved for this indication (13/10/11),<br>Rheumatology consultants conformed compliance<br>(08/11/11)  |  |
| Everolimus for the second-line treatment of advanced renal cell carcinoma (TA219)                                     | 01/04/2011            | <b>Everolimus – NOT RECOMMENDED</b> 2 <sup>nd</sup> line for advanced renal cell carcinoma.  |         | х       | 20/04/2011                              |                                  | 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                              |  |  |



**NHS Foundation Trust** 

| Technology appraisal (TA)  Titles are hyperlinks to full guidance                 | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE  |     |     | Adhere                                  | nce of local fo          | rmulary to NICE  |
|---|-----------------------|--|-----|-----|---|--------------------------|--|
|   |                       |  | Yes | N/A | Date of local<br>decision<br>(DD/MM/YY) | Time to implement (days) | <b>Notes</b> (e.g. rationale, method of making available)  |
| 2010-11   |                       |  |     |     |   |                          |  |
| Alzheimer's disease - donepezil, galantamine, rivastigmine and memantine (TA217)  | 23/03/2011            | <b>Donepezil, galantamine, rivastigmine</b> – recommended for mild and moderate disease. <b>Memantine</b> – recommended for moderate disease if people cannot take AChE inhibitors, and for managing severe disease.   | х   |     | 14/04/2011                              |                          | 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.   | х   |     | 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.   | х   |     | 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.   | х   |     | 10/03/2011                              |                          | 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            | <b>Bendamustine</b> – recommended for untreated chronic lymphocytic leukaemia of Binet stage B or C where fludarabine cannot be used.  | х   |     | 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.   | х   |     | 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  | х   |     | 08/07/2009                              |                          | 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)                             |
| Osteoporosis - secondary prevention including strontium ranelate ( <b>TA161</b> ) | 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. | х   |     | 08/07/2009                              |                          | 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) |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance                         | Date of TA<br>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<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |  |
| Constipation (women) - prucalopride (TA211)   | 15/12/2010            | <b>Prucalopride</b> – recommended as option for women with chronic constipation after failure of high dose laxatives.  | х                                    |     | 12/08/2010                              |                                | 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 ( <b>TA210</b> )                          | 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                              |                                | 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            | <b>Bevacizumab</b> – not recommended with oxaliplatin and either fluorouracil plus folinic acid, or capecitabine for metastatic colorectal cancer.   | х                                    |     | 13/01/2011                              |                                | 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 ( <b>TA208</b> )                  | 24/11/2010            | <b>Trastuzumab</b> – recommended as possible treatment for specified types of HER2-positive metastatic gastric adenocarcinoma.   | х                                    |     | 09/12/2010                              |                                | 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<br>(unresectable/metastatic) - imatinib ( <b>TA209</b> ) | 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.   | х                                    |     | 09/12/2010                              | 15                             | Not on Trust formulary for this indication, Treatment<br>for solid tumours of this kind offered at the Christie<br>hospital, deemed not applicable by MMC (09/12/10) |  |
| Diabetes (type 2) - liraglutide ( <b>TA203</b> )  | 27/10/2010            | <b>Liraglutide</b> – recommended at a dose of 1.2 mg daily and no more, with specified oral therapy.   | х                                    |     | 14/01/2010                              |                                | MMC approved for this indication (14/01/10). Diabetes consultants confirmed compliance (23/11/10)  |  |
| Osteoporotic fractures - denosumab (TA204)  | 27/10/2010            | <b>Denosumab</b> – recommended for primary and secondary prevention of fractures in postmenopausal women with osteoporosis if oral bisphosphonates not suitable.   | х                                    |     | 12/08/2010                              |                                | MMC approved for this indication (12/08/10). Consultant who applied for this indication confirmed compliance (09/11/10)  |  |
| Asthma (in children) - omalizumab ( <b>TA201</b> )  | 27/10/2010            | Omalizumab – not recommended for children aged 6 to 11 years with severe persistent allergic asthma.   | х                                    |     | 11/11/2010                              |                                | Approved by Paediatric MMC for add-on therapy in asthma patients (05/03/08). Paediatric Respiratory Consultants confirmed compliance (11/11/10)                      |  |
| Chronic lymphocytic leukaemia - ofatumumab (TA202)  | 27/10/2010            | Ofatumumab – not recommended for chronic lymphocytic leukaemia refractory to fludarabine and alemtuzumab.  | х                                    |     | 17/01/2011                              | 82                             | Not on Trust formulary for this indication,<br>Haematology Consultants confirmed compliance<br>(17/01/11)  |  |
| Lymphoma (non-Hodgkin's) - bendamustine (terminated appraisal) ( <b>TA206</b> )           | 27/10/2010            | Bendamustine – Unable to recommend NHS use. TA terminated due to lack of evidence submission.  |                                      | х   | 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) -<br>temsirolimus (terminated appraisal) (TA207)          | 27/10/2010            | <b>Temsirolimus</b> – Unable to recommend NHS use. TA terminated due to lack of evidence submission.   |                                      | х   | 11/11/2010                              | 15                             | Not on Trust formulary for this indication, deemed not applicable by MMC (11/11/10)  |  |

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|--|-----------------------|---|-----|-----|-----------------------------------|--------------------------------|---|
|  |                       |   | Yes | N/A | Date of local decision (DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)  |
| Thrombocytopenic purpura - eltrombopag (TA205)   | 27/10/2010            | Eltrombopag – not recommended chronic immune (idiopathic) thrombocytopenic purpura.   |     | х   | 14/08/2008                        |                                | 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 <b>peginterferon alfa</b> (2a or 2b) and <b>ribavirin</b> is recommended as a treatment option for adults with chronic hepatitis C   | х   |     | 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 ( <b>TA195</b> )             | 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. | х   |     | 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            | <b>Etanercept, infliximab</b> and <b>adalimumab</b> are recommended for the treatment of adults with active and progressive psoriatic arthritis   | х   |     | 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            | <b>Dronedarone</b> – recommended as an option for the treatment of non-permanent atrial fibrillation.   | х   |     | 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)  |     | х   | 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            | <b>Denosumab</b> – unable to recommend NHS use. TA terminated due to lack of evidence submission.   | х   |     | 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            | <b>Capecitabine</b> in combination with a platinum-based regimen is recommended for the 1t-line treatment of inoperable advanced gastric cancer.  |     | х   | 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)    |
| Leukaemia (chronic lymphocytic, relapsed) - rituximab ( <b>TA193</b> )                                   | 28/07/2010            | <b>Rituximab</b> in combination with fludarabine & cyclophosphamide – recommended as a treatment option for people with relapsed or refractory CLL  | х   |     | 17/01/2011                        | 173                            | Compliant response from Haematology Consultants (17/01/11)  |
| Lung cancer (non-small-cell) - pemetrexed (maintenance) ( <b>TA190</b> )                                 | 23/06/2010            | Pemetrexed – recommended as an option for the maintenance treatment of people with locally advanced or metastatic non-small-cell lung cancer  |     | х   | 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   | х   |     | 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  | х   |     | 11/06/2010                        | 16                             | Not on Trust formulary, Compliant response from<br>Hepatology Consultants (11/06/10)  |

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|---|-----------------------|--|--------------------------------------|---------|---|-------------------------------|--|--|
|   |                       |  | Yes                                  | N/A     | Date of local<br>decision<br>(DD/MM/YY) | Time to implement (days)      | <b>Notes</b> (e.g. rationale, method of making available)  |  |
| Crohn's disease - infliximab (review) and adalimumab (review of TA40) (TA187) |                       | Infliximab and adalimumab – recommended as treatment options for adults with severe active Crohn's disease | х                                    |         | 10/06/2010                              |                               | 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                         |         |   |                               |  |  |



**NHS Foundation Trust** 

| Technology appraisal (TA)  Titles are hyperlinks to full guidance       | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE  |     |     | Adhere                                  | ence of local formulary to NICE  |
|---|-----------------------|--|-----|-----|---|--|
|   |                       |  | Yes | N/A | Date of local<br>decision<br>(DD/MM/YY) | Time to implement (days)  Notes (e.g. rationale, method of making available)   |
| 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                              | 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 1 <sup>st</sup> -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. |     | х   | 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            | <b>Topotecan</b> with <b>cisplatin</b> – 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.  | х   |     | 12/11/2009                              | 15 MMC approved for this indication (12/11/09),<br>Cardiology Consultants confirmed compliance<br>(21/07/10)   |
| Lung cancer (non-small-cell, first line treatment) - pemetrexed (TA181) | 23/09/2009            | $ \begin{tabular}{ll} \textbf{Pemetrexed} & with $\textit{cisplatin}-$ recommended as an option for the $1^{st}$-line treatment of patients with locally advanced or metastatic non-small-cell lung cancer (NSCLC). \\ \end{tabular} $   |     | 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)   |
| 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) |

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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)   |
| Psoriasis - ustekinumab ( <b>TA180</b> )                                 | 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. |     | х   | 22/10/2009                        |                          | 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 1 <sup>st</sup> -line 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.    |     | х   | 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),<br>Consultants confirmed compliance (03/09/09)  |
| Renal cell carcinoma (TA178)   | 26/08/2009            | <b>Bevacizumab, sorafenib &amp; temsirolimus</b> – not recommended as 1 <sup>st</sup> -line treatment options for people with advanced &/or metastatic renal cell carcinoma. <b>Sorafenib &amp; sunitinib</b> – not recommended as 2 <sup>nd</sup> -line 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) |
| Hepatitis B - tenofovir disoproxil fumarate (TA173)                      | 22/07/2009            | <b>Tenofovir disoproxil</b> – 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),<br>Gastroenterology Consultants confirmed compliance<br>(05/08/09)  |
| Leukaemia (chronic lymphocytic, first line) - rituximab ( <b>TA174</b> ) | 22/07/2009            | Rituximab with fludarabine & cyclophosphamide — recommended as an option for the $1^{\text{st}}$ -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 $1^{\text{st}}$ -line treatment of CLL.  | х   |     | 13/08/2009                        | 22                       | MMC approved for this indication (13/08/09).<br>Haematology consultants confirmed compliance<br>(15/01/10)   |

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|---|-----------------------|---|--------------------------------------|---------|---|--------------------------------|--|--|
|   |                       |   | Yes                                  | N/A     | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)   |  |
| Lung cancer (non-small-cell, second line) - gefitinib (terminated appraisal) ( <b>TA175</b> ) | 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 | х                                    |         | 13/08/2009                              |                                | 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 ( <b>TA172</b> )                   | 24/06/2009            | <b>Cetuximab</b> with platinum-based chemotherapy — not recommended for the treatment of recurrent and/or metastatic squamous cell cancer of the head & neck.   | х                                    |         | 09/07/2009                              |                                | 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)   |                       | <b>Lenalidomide</b> with <b>dexamethasone</b> – recommended as an option for the treatment of multiple myeloma only in people who have received two or more prior therapies.  | х                                    |         | 08/05/2008                              |                                | MMC approved for this indication (08/05/08).<br>Haematology consultants confirmed compliance<br>(26/06/09)                           |  |
| Venous thromboembolism - rivaroxaban (TA170)  |                       | <b>Rivaroxaban</b> – recommended as an option for the prevention of venous thromboembolism in adults having elective total hip replacement surgery or elective total knee replacement surgery.  | х                                    |         | 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                             |  |  |



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|---|-----------------------|--|-----|-----|---|--------------------------|---|
|   |                       |  | Yes | N/A | Date of local<br>decision<br>(DD/MM/YY) | Time to implement (days) | Notes (e.g. rationale, method of making available)  |
| 2008-09   |                       |  |     |     |   |                          |   |
| Renal cell carcinoma - sunitinib (TA169)                                  | 25/03/2009            | Sunitinib – recommended as 1 <sup>st</sup> -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.   |     | х   | 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.  | х   |     | 12/03/2009                              | 15                       | MMC approved for this indication (12/03/09)   |
| Hyperuricaemia - febuxostat ( <b>TA164</b> )                              | 24/12/2008            | <b>Febuxostat</b> – 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 ( <b>TA163</b> )    | 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 ( <b>TA162</b> )                 |                       | <b>Erlotinib</b> – recommended as an alternative to docetaxel as 2 <sup>nd</sup> line treatment option for patients with non-small-cell lung cancer (NSCLC). <b>Erlotinib</b> – not recommended for the 2 <sup>nd</sup> -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 3 <sup>rd</sup> 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).  |
| 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. |     | х   | 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.  |

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|---|-----------------------|---|-----|-----|---|--------------------------|---|
|   |                       |   | Yes | N/A | Date of local<br>decision<br>(DD/MM/YY) | Time to implement (days) | Notes (e.g. rationale, method of making available)  |
| Influenza (prophylaxis) - amantadine, oseltamivir and zanamivir ( <b>TA158</b> )    |                       | 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 ( <b>TA157</b> )                                | 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 ( <b>TA155</b> )    | 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.  | х   |     | 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) ( <b>TA156</b> )        |                       | 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.  | х   |     | 08/03/2007                              | -538                     | MMC approved for this indication (08/03/07).  |
| Hepatitis B - telbivudine ( <b>TA154</b> )  | 27/08/2008            | Telbivudine – not recommended for the treatment of chronic hepatitis B  | х   |     | 13/10/2008                              | 47                       | Not on Trust formulary. Gastroenterology consultants confirmed compliance (13/10/08)  |
| Hepatitis B - entecavir ( <b>TA153</b> )  | 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.  | х   |     | 13/09/2007                              | -349                     | MMC approved for this indication (13/09/07). Gastroenterology consultants confirmed compliance (13/10/08)                                 |
| Head and neck cancer - cetuximab ( <b>TA145</b> )                                   |                       | <b>Cetuximab</b> 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.                               |     | х   | 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).      |
| Psoriasis - adalimumab ( <b>TA146</b> )   | 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.  | х   |     | 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<br>(terminated appraisal) ( <b>TA149</b> ) | 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 1 <sup>st</sup> -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).  |

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|--|-----------------------|---|---------------|--------------|---|--------------------------------------|--|--|--|
|  |                       |   | Yes           | N/A          | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days)       | Notes (e.g. rationale, method of making available)   |  |  |
| Anaemia (cancer-treatment induced) - erythropoietin (alpha and beta) and darbepoetin (TA142) |                       | 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)                       |                       | Adalimumab or etanercept – recommended as treatment options for adults with severe active ankylosing spondylitis.   | х             |              | 12/06/2008                              | 15                                   | MMC approved for this indication (12/06/08).   |  |  |
| Ulcerative colitis (subacute manifestations) - infliximab ( <b>TA140</b> )                   |                       | Infliximab – not recommended for the treatment of subacute manifestations of moderately to severely active ulcerative colitis.  | х             |              | 08/05/2008                              |                                      | 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<br>% "Yes" | 4<br>% "N/A" | _                                       | Average implement time (days)        |  |  |  |
| Adherence statistics for 2008-09   |                       |   | 79%           | 21%          |   | -56                                  |  |  |  |



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|---|-----------------------|--|-----|-----|---|--------------------------|---|
|   |                       |  | Yes | N/A | Date of local<br>decision<br>(DD/MM/YY) | Time to implement (days) | <b>Notes</b> (e.g. rationale, method of making available)   |
| 2007-08   |                       |  |     |     |   |                          |   |
| Asthma (in adults) - corticosteroids ( <b>TA138</b> )               | 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) -<br>rituximab ( <b>TA137</b> ) | 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. |     |     | 13/03/2008                              | 15                       | MMC approved for this indication as per NICE (13/03/08). Haematology Consultants not yet confirmed compliance   |
| Mesothelioma - pemetrexed disodium ( <b>TA135</b> )                 | 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.   |     | х   | 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 ( <b>TA134</b> )                             | 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.  | х   |     | 14/02/2008                              | 22                       | MMC approved for this indication (14/02/08).<br>However, Dermatology Consultants confirmed that<br>they do not prescribe these drugs (08/09/08)   |
| Asthma (in children) - corticosteroids ( <b>TA131</b> )             | 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.   |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance                         | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE  | as Adherence of local formulary to NICE |     |   |                          |   |  |
|---|-----------------------|--|---|-----|---|--------------------------|---|--|
|   |                       |  | Yes                                     | N/A | Date of local<br>decision<br>(DD/MM/YY) | Time to implement (days) | Notes (e.g. rationale, method of making available)  |  |
| 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.   | х                                       |     | 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            |  | 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            | <b>Bortezomib</b> 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                              |                          | MMC application approved for this indication (11/01/07), MMC approved as per NICE (08/11/07). Haematology Consultants confirmed compliance (25/08/09).  |  |
| 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                              |                          | 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            | <b>Donepezil, galantamine</b> & <b>rivastigmine</b> – recommended for mild to moderately severe Alzheimer's disease <b>Memantine</b> – recommended for moderately severe to severe Alzheimer's disease.  | x                                       |     | 12/03/1998                              |                          | 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.   | х                                       |     | 13/09/2007                              |                          | Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. MMC deemed not applicable (13/09/07).  |  |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance                            | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE  |         |         | Adhere                                  | nce of local fo               | rmulary to NICE  |
|--|-----------------------|--|---------|---------|---|-------------------------------|--|
|  |                       |  | Yes     | N/A     | Date of local<br>decision<br>(DD/MM/YY) | Time to implement (days)      | Notes (e.g. rationale, method of making available)   |
| Multiple sclerosis - natalizumab ( <b>TA127</b> )  |                       | 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.   |         | х       | 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.  |         | х       | 13/08/2007                              | 19                            | Not MMC approved for this indication. MMC approved as per NICE (13/08/07).   |
| Glioma (newly diagnosed and high grade) -<br>carmustine implants and temozolomide<br>(TA121) | 27/06/2007            | <b>Temozolomide</b> – 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. <b>Carmustine</b> 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. |         | х       | 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.   |
| schaemic stroke (acute) - alteplase ( <b>TA122</b> )   |                       | 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.  | х       |         | 11/03/2004                              |                               | 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                          |  |



**NHS Foundation Trust** 

| Technology appraisal (TA)  Titles are hyperlinks to full guidance  | Date of TA<br>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<br>decision<br>(DD/MM/YY) | Time to implement (days) | <b>Notes</b> (e.g. rationale, method of making available)  |  |  |
| 2006-07  |                       |   |                                      |     |   |                          |  |  |  |
| Leukaemia (lymphocytic) - fludarabine ( <b>TA119</b> )   | 28/02/2007            | <b>Fludarabine</b> monotherapy – not recommended for the 1 <sup>st</sup> -line treatment of chronic lymphocytic leukaemia.  | х                                    |     | 08/03/2007                              |                          | On Trust formulary, no MMC application received.<br>Chemotherapy if recommended would most likely be<br>offered at the Christie hospital |  |  |
| Breast cancer - gemcitabine (TA116)  | 24/01/2007            | <b>Gemcitabine</b> with <b>paclitaxel</b> – 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 ( <b>TA118</b> ) (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 2 <sup>nd</sup> -line or subsequent treatment of metastatic colorectal cancer after the failure of an irinotecan containing chemotherapy regimen.   | х                                    |     | 08/02/2007                              |                          | Not on Trust formulary for this indication, chemotherapy if recommended would be offered at the Christie hospital (08/02/07)             |  |  |
| Hyperparathyroidism - cinacalcet ( <b>TA117</b> )  | 24/01/2007            | Cinacalcet – not recommended for the routine treatment of 2 <sup>RY</sup> hyperparathyroidism in patients with end-stage renal disease on maintenance dialysis therapy.  Cinacalcet – recommended for the treatment of refractory 2 <sup>RY</sup> 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. | х                                    |     | 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.  | х                                    |     | 08/02/2007                              | 15                       | MMC approved for this indication as per NICE (08/02/07).   |  |  |
| Breast cancer (early) - hormonal treatments (TA112)  | 22/11/2006            | Anastrozole – recommended for 1 <sup>RY</sup> adjuvant therapy.  Exemestane – recommended for adjuvant therapy following 2-3 years of adjuvant tamoxifen therapy.  Letrozole – recommended for 1 <sup>RY</sup> adjuvant therapy and extended adjuvant therapy following standard tamoxifen therapy.   | х                                    |     | 14/12/2006                              | 22                       | On Trust formulary, chemotherapy if recommended would be offered at the Christie hospital (14/12/06)                                     |  |  |

| Technology appraisal (TA) Titles are hyperlinks to full guidance        | Date of TA<br>Release | Availability of medicine for NHS patients with this medical condition, as indicated by NICE   |     |   | Adhere                         | nce of local fo                                    | rmulary to NICE  |
|---|-----------------------|---|-----|---|--------------------------------|--|--|
|   |                       | Yes   | N/A | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available) |  |
| Breast cancer (early) - paclitaxel ( <b>TA108</b> )                     | 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<br>recommended would be offered at the Christie<br>hospital. Deemed not applicable by MMC (12/10/06)   |
| Breast cancer (early) - docetaxel (TA109)                               | 27/09/2006            | <b>Docetaxel</b> with <b>doxorubicin &amp; cyclophosphamide</b> – recommended as an option for the adjuvant treatment of women with early node-positive breast cancer.  |     | х                                       | 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 ( <b>TA107</b> )                    | 23/08/2006            | <b>Trastuzumab</b> – 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).  |     | х                                       | 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 pe<br>NICE (14/09/06). Gastroenterology Consultants<br>confirmed compliance (14/08/09)  |
| Psoriasis - efalizumab and etanercept ( <b>TA103</b> )                  | 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 pe<br>NICE (08/08/06). Efalizumab not on Trust formulary  |
| Prostate cancer (hormone-refractory) -<br>docetaxel ( <b>TA101</b> )    | 28/06/2006            | <b>Docetaxel</b> – recommended as a treatment option for men with hormone-refractory metastatic prostate cancer only if their Karnofsky performance-status score is 60% or more.  |     | х                                       | 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 ( <b>TA100</b> ) | 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                                 |     | х                                       | 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<br>implement<br>(days)       | Notes (e.g. rationale, method of making available)  |  |  |
| Renal transplantation - immunosuppressive regimens for children and adolescents ( <b>TA99</b> ) |                       | 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. | 11<br>% "Yes" | 4<br>%"N/A" | 09/09/1999                        | -2421 Average implement time         | 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) |  |  |
| Adherence statistics for 2006-07  |                       |   | 73%           | 27%         |                                   | (days)<br>-283                       |   |  |  |



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|---|-----------------------|--|-----|-----|---|--------------------------------|---|
|   |                       |  | Yes | N/A | Date of local<br>decision<br>(DD/MM/YY) | Time to<br>implement<br>(days) | Notes (e.g. rationale, method of making available)  |
| 2000-06   |                       |  |     |     |   |                                |   |
| Attention deficit hyperactivity disorder (ADHD) - methylphenidate, atomoxetine and dexamfetamine (review) ( <b>TA98</b> ) | 22/03/2006            | Methylphenidate, atomoxetine & dexamfetamine – recommended as options for the management of ADHD in children and adolescents   | х   |     | 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 ( <b>TA96</b> )                              | 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)  | х   |     | 10/07/2003                              |                                | 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   | х   |     | 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 2 <sup>nd</sup> 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 2 <sup>nd</sup> 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                              |                                | 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 1 <sup>st</sup> -line management of people with KIT (CD117)-positive unresectable and/or KIT (CD117)-positive metastatic gastro-intestinal stromal tumours (GISTs).  |     | х   | 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) ( <b>TA85</b> )  | 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                              |                                | 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<br>decision<br>(DD/MM/YY) | Time to implement (days) | Notes (e.g. rationale, method of making available)  |  |  |
| Atopic dermatitis (eczema) - topical steroids (TA81)  | 25/08/2004            | <b>Topical corticosteroids</b> – 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 ( <b>TA82</b> )                      | 25/08/2004            | Tacrolimus & pimecrolimus – not recommended for mild atopic eczema or as 1 <sup>st</sup> line treatments for atopic eczema of any severity.  Tacrolimus – recommended as an option for the 2 <sup>nd</sup> -line 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 2 <sup>nd</sup> -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 ( <b>TA80</b> )  | 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 ( <b>TA77</b> )   | 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.  | х                                    |     | 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 ( <b>TA75</b> )            | 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 ( <b>TA70</b> ) (partially updated by TA241 and TA251) | 22/10/2003            | Imatinib – recommended 1 <sup>st</sup> -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.   | х                                    |     | 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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|---|-----------------------|--|--------------------------------------|-----|---|--------------------------|--|--|--|
|   |                       |  | Yes                                  | N/A | Date of local<br>decision<br>(DD/MM/YY) | Time to implement (days) | Notes (e.g. rationale, method of making available)   |  |  |
| Macular degeneration (age-related) - photodynamic therapy ( <b>TA68</b> ) | 24/09/2003            | Photodynamic therapy (PDT) – recommended for the treatment of wet age-<br>related macular degeneration for individuals who have a confirmed diagnosis of<br>classic with no occult subfoveal choroidal neovascularisation (CNV) and best-<br>corrected visual acuity 6/60 or better.<br>PDT – not recommended for the treatment of people with predominantly classic<br>subfoveal CNV associated with wet age-related macular degeneration.  | ×                                    |     | 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 ( <b>TA65</b> )                        | 24/09/2003            | <b>Rituximab</b> recommended in combination with a regimen of <b>cyclophosphamide</b> , <b>doxorubicin</b> , <b>vincristine</b> and <b>prednisolone</b> (CHOP) for the 1 <sup>st</sup> -line treatment of people with CD20-positive diffuse large-B-cell lymphoma at clinical stage II, III or IV. <b>Rituximab</b> 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            | <b>Recombinant human growth hormone (somatropin)</b> – recommended for the treatment of growth hormone (GH) deficiency.  | ×                                    |     | 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 $1^{\text{st}}$ -line treatment of metastatic colorectal cancer.   |                                      | х   | 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) ( <b>TA55</b> )                      |                       | Paclitaxel in combination with cisplatin or carboplatin recommended as alternatives for 1 <sup>st</sup> line chemotherapy (following surgery) to treat ovarian cancer. Paclitaxel - NOT RECOMMENDED as 2 <sup>nd</sup> line (or subsequent) therapy in women with ovarian cancer who have received the drug as part of their 1 <sup>st</sup> line treatment. For women who have not received paclitaxel as part of 1 <sup>st</sup> line treatment, it should be considered as one option alongside other drugs licensed for 2 <sup>nd</sup> line treatment of ovarian cancer.                              |                                      | х   | 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 ( <b>TA53</b> )  | 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.   |  |  |

| Technology appraisal (TA)  Titles are hyperlinks to full guidance  | Date of TA<br>Release |  |     |     | Adhere                            | nce of local fo          | rmulary to NICE  |
|--|-----------------------|--|-----|-----|-----------------------------------|--------------------------|--|
|  |                       |  | Yes | N/A | Date of local decision (DD/MM/YY) | Time to implement (days) | Notes (e.g. rationale, method of making available)   |
| Myocardial infarction - thrombolysis ( <b>TA52</b> )   | 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.  | х   |     | 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) ( <b>TA47</b> ) (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  | x   |     | 12/07/2001                        | -440                     | Eptifibatide MMC approved (12/07/01). All GP IIb / Illa 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            | <b>Etanercept</b> 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.   | х   |     | 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 ( <b>TA38</b> )  | 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.  | х   |     | 11/04/2002                        | 15                       | MMC approved guidelines (11/04/02). Paediatric Respiratory Consultants confirmed compliance (30/03/12)   |
| 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 |     | х   | 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            | <b>Beta interferon</b> and <b>glatiramer acetate</b> - <b>NOT RECOMMENDED</b> for the treatment of Multiple Sclerosis.   | х   |     | 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)                    |

| Technology appraisal (TA) Titles are hyperlinks to full guidance | Date of TA<br>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<br>decision<br>(DD/MM/YY) | Time to implement (days)            | Notes (e.g. rationale, method of making available)  |  |  |
| Leukaemia (lymphocytic) - fludarabine ( <b>TA29</b> )            | 26/09/2001            | Fludarabine (oral) - recommended as 2 <sup>nd</sup> -line therapy for B-cell CLL for patients who have either failed, or are intolerant of, 1 <sup>st</sup> -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. | х                                    |         | 11/10/2001                              |                                     | 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 1 <sup>st</sup> 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.  Gemcitabine - not recommended as 2 <sup>nd</sup> -line treatment in patients with pancreatic adenocarcinoma.   | х                                    |         | 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).          |  |  |
| Brain cancer - temozolomide (TA23)                               | 25/04/2001            | Temozolomide - recommended for patients with recurrent malignant glioma who have failed 1 <sup>st</sup> 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 1 <sup>st</sup> 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).  |                                      | х       | 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.  | х                                    |         | 14/09/2000                              | 22                                  | MMC approved guidelines (14/09/00). Paediatric Respiratory Consultants confirmed compliance (02/09/09)  |  |  |
|  |                       |  | 22                                   | 7       |   |                                     |   |  |  |
|  |                       |  | % "Yes"                              | % "N/A" | -                                       | Average<br>implement time<br>(days) |   |  |  |

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|---|-----------------------|---|---|-----|----------|-----------|--|--|
|   |                       |   | Yes N/A Date of local Time to Notes (e.g. rationale, me |     |          |           | Notes (e.g. rationale, method of making available) |  |
|   |                       |   |   |     | decision | implement |  |  |
|   |                       |   | (DD/MM/YY) (days)                                       |     |          |           |  |  |
| Adherence statistics for 2000-06                                  |                       |   | 76%   | 24% |          | -185      |  |  |