NICE Technology Appraisals About Medicines: Formulary Adherence

Technology appraisal (TA) Titles are hyperlinks to full guidance	Date of TA Release	Availability of medicine for NHS patients with this medical condition, as indicated by NICE	Adherence of local formulary to NICE	
			Included on the Trust Formulary for this indication Yes OR No	Reason providedif "No"
2000-06				
Attention deficit hyperactivity disorder (ADHD) - methylphenidate, atomoxetine and dexamfetamine (review) (TA98)	31/03/2006	Methylphenidate, atomoxetine, dexamfetamine – recommended options for ADHD; if more than one is appropriate, choose the cheapest.	Yes	
Hepatitis B (chronic) - adefovir dipivoxil and pegylated interferon alpha-2a (TA96)		Peginterferon alfa-2a – a recommended first line option for chronic hepatitis B. Adefovir dipivoxil – recommended option if peginterferons unsuccessful or not tolerated. Given as monotherapy or with lamivudine depending on lamivudine resistance.	Yes	
Cardiovascular disease - statins (TA94)	31/01/2006	Statin therapy is recommended for adults with specified clinical evidence of CVD or at specified risk of CVD.	Yes	
Ovarian cancer (advanced) - paclitaxel, pegylated liposomal doxorubicin hydrochloride and topotecan (review) (TA91)		Paclitaxel, liposomal doxorubicin, topotecan – recommended options in advanced disease depending largely upon platinum sensitivity, resistance, tolerance, and allergy.	No	This medicine is not applicable to C&W
Gastrointestinal stromal tumours - imatinib (TA86) Partially updated by TA209		Imatinib – recommended first-line for management of people with KIT (CD117)-positive unresectable and/or metastatic GISTs.	No	This medicine is not applicable to C&W
Renal transplantation - immuno-suppressive regimens (adults) (TA85)		Basiliximab, daclizumab – consider for induction therapy with combinations that include ciclosporin. Tacrolimus – an alternative to ciclosporin for initial therapy or maintenance. Mycophenolate mofetil – Only consider when intolerant of calcineurin inhibitors (ciclosporin-like drugs). Sirolimus – not recommended unless intolerant of calcineurin inhibitors.	No	This medicine is not applicable to C&W
Atopic dermatitis (eczema) - topical steroids (TA81)		Topical corticosteroid – the cheapest suitable option for atopic eczema should be used and applied no more than twice daily.	Yes	

Atopic dermatitis (eczema) - pimecrolimus and tacrolimus (TA82) Insomnia - newer hypnotic drugs (TA77)		Not recommended for first line use or mild disease. If maximum topical steroids ineffective or threaten important side effects, consider: Tacrolimus – for moderate to severe disease in patients over 2 years. Pimecrolimus – for moderate disease on face and neck for those between 2 and 16 years. Zaleplon, zolpidem, zopiclone – prescribe the cheapest of these or a shorter-acting benzodiazepine, for a short period, if non-drug treatments don't work.	Yes	
Hepatitis C - pegylated interferons, ribavirin and alfa interferon (TA75) Partially updated by TA200; replaces TA14	31/01/2004	Peginterferon alfa with ribavirin – recommended for moderate to severe chronic hepatitis C as specified within this TA .	Yes	
Leukaemia (chronic myeloid) - imatinib (TA70) (partially updated by TA241 and TA251)	31/10/2003	Imatinib – a recommended option for those who present in the accelerated phase or with blast crisis, or those in chronic phase who progress to these stages without prior imatinib.	Yes	
Macular degeneration (age-related) - photodynamic therapy (TA68)	30/09/2003	Verteporfin – recommended for wet ARMD in specified people if classic subfoveal choroidal neovascularisation (CNV), with no sign of occult CNV. Not recommended for wet ARMD with mostly classic and some occult CNV unless in a clinical trial. No recommendation about PDT for ARMD with occult CNV since product unlicensed.	No	This medicine is not applicable to C&W
Non-Hodgkin's lymphoma - rituximab (TA65)	30/09/2003	Rituximab with CHOP – recommended first line for diffuse large-B-cell lymphoma at stage 2, 3 or 4; in stage 1 only in a clinical trial. Rituximab not recommended without CHOP.	Yes	
Growth hormone deficiency (adults) - human growth hormone (TA64)	31/08/2003	Human growth hormone – recommended only where severe growth hormone deficiency severely affects quality of life.	Yes	
Colorectal cancer - capecitabine and tegafur uracil (TA61)	30/05/2003	Capecitabine or tegafur with uracil (and folinic acid) – recommended among first options for metastatic colorectal cancer.	No	This medicine is not applicable to C&W
Ovarian cancer - paclitaxel (review) (TA55) Partially updated by TA91	31/01/2003	Cisplatin or carboplatin, with or without paclitaxel – recommended as alternatives for first-line use (usually following surgery) in ovarian cancer.	Yes	
Diabetes (types 1 and 2) - long acting insulin analogues (TA53)	31/12/2002	Insulin glargine – a recommended option for type 1 diabetes. Guidance in type 2 diabetes is contained in the CG66 Update.	Yes	
Myocardial infarction - thrombolysis (TA52)	31/10/2002	Alteplase, reteplase, streptokinase, tenecteplase – suggestions made on how to choose the most appropriate agent in hospitals. Reteplase or tenecteplase recommended for use outside hospitals.	Yes	

Acute coronary syndromes - glycoprotein llb/llla inhibitors (review) (TA47) Partially updated by CG94 Arthritis (juvenile idiopathic) - etanercept (TA35)		A GP IIb/IIIa inhibitor should be considered as an elective PCI adjunct in patients with diabetes, and in patients undergoing specified complex procedures. Not recommended in procedurally uncomplicated elective PCI unless specified complications occur. Etanercept – recommended for 4–17 year olds with active disease where methotrexate unsuccessful or not tolerated.	Yes Yes	
Asthma (older children) - inhaler devices (TA38)	31/03/2002	Inhaler choice should reflect patient needs: Steroids – press-and-breathe inhalers with a spacer recommended first line. Bronchodilators – a wider choice of inhalers, including easily portable ones.	Yes	
Breast cancer - trastuzumab (TA34)	31/03/2002	In metastatic breast cancer with HER2 at 3+: Trastuzumab with paclitaxel – recommended if no prior chemo and anthracyclines inappropriate. Trastuzumab monotherapy – recommended after at least two other regimens tried including at least one anthracycline, taxane, and hormonal treatment if appropriate.	No	This medicine is not applicable to C&W
Multiple sclerosis - beta interferon and glatiramer acetate (TA32)	31/01/2002	Beta interferon, glatiramer – recommendation to use these medicines not justified.	Yes	
Leukaemia (lymphocytic) - fludarabine (TA29)	31/01/2002	Fludarabine – recommended option orally instead of CHOP, VAP or CVP regimens in B-cell CLL if first chemo regimen unsuccessful or not tolerated. Use infusion only if oral route not suitable.	Yes	
Pancreatic cancer - gemcitabine (TA25)	30/05/2001	Gemcitabine – a first line option for advanced or metastatic disease if Karnofsky score 50 or more, if curative surgery not an option. Not for second line use.	Yes	
Brain cancer - temozolomide (TA23)	30/04/2001	Temozolomide – consider for specified people with recurrent brain cancer if initial chemo failed or not tolerated. Only for first line use in a clinical trial.	No	This medicine is not applicable to C&W
Motor neurone disease - riluzole (TA20)	31/01/2001	Riluzole – should be available for MND.	Yes	
Asthma (children under 5) - inhaler devices (TA10)	31/08/2000	Steroids, bronchodilators – deliver by a pressurised metered dose inhaler with spacer, using a facemask if necessary. If this not suitable, consider a nebuliser, or a dry powder inhaler in the over 3s.	Yes	