NICE Technology Appraisals About Medicines: Formulary Adherence - CWH Site

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 provided if "No"*
2015-16				
TA339 - Omalizumab for previously treated chronic spontaneous urticaria	Jul 2015	**Omalizumab** - is recommended as an option as add on therapy for treating severe chronic spontaneous urticaria in adults and young people aged 12 years and over only if: - the severity of the condition is assessed objectively, for example, using a weekly urticaria activity score of 28 or more - the person's condition has not responded to standard treatment with H1 antihistamines and leukotriene receptor antagonists - omalizumab is stopped at or before the fourth dose if the condition has not responded - omalizumab is stopped at the end of a course of treatment (6 doses) if the condition has responded, to establish whether the condition has gone into spontaneous remission, and is restarted only if the condition relapses - omalizumab is administered under the management of a secondary care specialist in dermatology, immunology or allergy - the company provides omalizumab with the discount	**Yes**	
TA340 - Ustekinumab for treating active psoriatic arthritis	June 2015	**Ustekinumab** - is recommended as an option, alone or in combination with methotrexate, for treating active psoriatic arthritis in adults only when: - treatment with tumour necrosis factor (TNF) alpha inhibitors is contraindicated but would otherwise be considered or the person has had treatment with 1 or more TNF–alpha inhibitors. - Ustekinumab is recommended only if the company provides the 90 mg dose of ustekinumab for people who weigh more than 100 kg at the same cost as the 45 mg dose, as agreed in the patient access scheme Ustekinumab is recommended as an option, alone or in combination with methotrexate, for treating active psoriatic arthritis in adults only when: - treatment with tumour necrosis factor (TNF) alpha inhibitors is contraindicated but would otherwise be considered or the person has had treatment with 1 or more TNF–alpha inhibitors. - Ustekinumab is recommended only if the company provides the 90 mg dose of ustekinumab for people who weigh more than 100 kg at the same cost as the 45 mg	**Yes**	
TA341 - Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism	June 2015	**Apixaban -** is recommended, within its marketing authorisation, as an option for treating and for preventing recurrent deep vein thrombosis and pulmonary embolism in adults	**Yes**	
TA342 - Vedolizumab for treating moderately to severely active ulcerative colitis	June 2015	**Vedolizumab** - is recommended, within its marketing authorisation, as an option for treating moderately to severely active ulcerative colitis in adults only if the company provides vedolizumab with the discount agreed in the patient access scheme.	**Yes**	
TA343 - Obinutuzumab in combination with chlorambucil for untreated chronic lymphocytic leukaemia	June 2015	**Obinutuzumab** - in combination with chlorambucil, is recommended as an option for adults with untreated chronic lymphocytic leukaemia who have comorbidities that make full‑dose fludarabine‑based therapy unsuitable for them, only if: - bendamustine‑based therapy is not suitable and - the company provides obinutuzumab with the discount agreed in the patient access scheme	**Yes**	
TA344 – Ofatumumab in combination with chlorambucil or bendamustine for untreated chronic lymphocytic leukaemia	June 2015	**Ofatumumab** - in combination with chlorambucil is recommended as an option for untreated chronic lymphocytic leukaemia only if: - the person is ineligible for fludarabine‑based therapy and - bendamustine is not suitable and - the company provides ofatumumab with the discount agreed in the patient access scheme	**Yes**	
TA345 – Naloxegol for treating opioid-induced constipation	Jul 2015	Naloxegol is recommended, within its marketing authorisation, as an option for treating opioid induced constipation in adults whose constipation has not adequately responded to laxatives. An inadequate response is defined as opioid induced constipation symptoms of at least moderate severity in at least 1 of the 4 stool symptom domains (that is, incomplete bowel movement, hard stools, straining or false alarms) while taking at least 1 laxative class for at least 4 days during the prior 2 weeks.	**Yes**	

TA346 – Aflibercept for treating diabetic macular oedema	Jul 2015	Aflibercept solution for injection is recommended as an option for treating visual impairment caused by diabetic macular oedema only if: - the eye has a central retinal thickness of 400 micrometres or more at the start of treatment and - the company provides aflibercept with the discount agreed in the patient access scheme	**Yes**	
TA347 – Nintedanib for previously treated locally advanced, metastatic, or locally recurrent non small cell lung cancer	Jul 2015	Nintedanib in combination with docetaxel is recommended, within its marketing authorisation, as an option for treating locally advanced, metastatic or locally recurrent non small cell lung cancer of adenocarcinoma histology that has progressed after first line chemotherapy, only if the company provides nintedanib with the discount agreed in the patient access scheme	**Yes**	
TA348 – Everolimus for preventing organ rejection in liver transplantation	Jul 2015	Everolimus (Certican) is not recommended for preventing organ rejection in people having a liver transplant	**No**	Not recommended
TA349 – Dexamethasone intravitreal implant for treating diabetic macular oedema	Jul 2015	Dexamethasone intravitreal implant is recommended as an option for treating diabetic macular oedema only if: - the implant is to be used in an eye with an intraocular (pseudophakic) lens and - the diabetic macular oedema does not respond to non-corticosteroid treatment, or such treatment is unsuitable	**Yes**	
TA350 – Secukinumab for treating moderate to severe plaque psoriasis	Jul 2015	Secukinumab is recommended, within its marketing authorisation, as an option for treating adults with plaque psoriasis only when: - the disease is severe, as defined by a total Psoriasis Area Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 - the disease has failed to respond 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 - the company provides secukinumab with the discount agreed in the patient access scheme.	**Yes**	
TA351 - Cangrelor for reducing atherothrombotic events in people undergoing percutaneous coronary intervention or awaiting surgery requiring interruption of anti platelet therapy	Jul 2015		**No**	Terminated Appraisal
TA352 – Vedolizumab for treating moderately to severely active Crohn's disease after prior therapy	Aug 2015	Vedolizumab is recommended as an option for treating moderately to severely active Crohn's disease only if: - a tumour necrosis factor alpha inhibitor has failed (that is, the disease has responded inadequately or has lost response to treatment) or - a tumour necrosis factor alpha inhibitor cannot be tolerated or is contraindicated.	**Yes**	
TA353 - Bevacizumab for treating relapsed, platinum resistant epithelial ovarian, fallopian tube or primary peritoneal cancer	Aug 2015		**No**	Terminated Appraisal
TA354 - Edoxaban for treating and for preventing deep vein thrombosis and pulmonary embolism	Aug 2015	Edoxaban is recommended, within its marketing authorisation, as an option for treating and for preventing recurrent deep vein thrombosis and pulmonary embolism in adults.	**Yes**	
TA 355 – Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation	Sep 2015	Edoxaban is recommended, within its marketing authorisation, 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, age 75 years or older	**Yes**	
TA356 – Ruxolitinib for treating polycythaemia vera	Sep 2015		**No**	Terminated Appraisal