

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 provided if "No"
2010-11				
Alzheimer's disease - donepezil, galantamine, rivastigmine and memantine (TA217)	31/03/2011	Donepezil, galantamine, rivastigmine – recommended options for mild and moderate disease. Memantine – a recommended option for moderate disease if people cannot take AChE inhibitors, and for managing severe disease.	Yes	
Myelodysplastic syndromes - azacitidine (TA218)	31/03/2011	Azacitidine – a recommended option for specified adults not eligible for haematopoietic stem cell transplantation.	Yes	
Renal cell carcinoma (first line metastatic) - pazopanib (TA215)	28/02/2011	Pazopanib – a recommended option for some people with renal cell carcinoma.	Yes	
Breast cancer - bevacizumab (in combination with a taxane) (TA214)	28/02/2011	Bevacizumab – not recommended with a taxane first line for metastatic breast cancer.	No	This medicine is not applicable to C&W
Leukaemia (lymphocytic) - bendamustine (TA216)	28/02/2011	Bendamustine – a recommended option for untreated chronic lymphocytic leukaemia of Binet stage B or C where fludarabine cannot be used.	Yes	
Schizophrenia - aripiprazole (TA213)	31/01/2011	Aripiprazole – a recommended option in 15 to 17 year olds with schizophrenia if risperidone unresponsive/unsuitable.	No	This medicine is not applicable to C&W
Osteoporosis - primary prevention (TA160)	31/01/2011	As an option 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	Yes	
Osteoporosis - secondary prevention including strontium ranelate (TA161)	31/01/2011	As an option 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.	Yes	

Constipation (women) - prucalopride (TA211)	31/12/2010	Prucalopride – recommended as an option for women with chronic constipation after failure of high dose laxatives.	Yes	
Vascular disease - clopidogrel and dipyridamole (TA210)	31/12/2010	As an option to prevent occlusive vascular events: Clopidogrel – recommended after ischaemic stroke; in peripheral arterial/ multivascular disease; or 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.	Yes	
Colorectal cancer (metastatic) - bevacizumab (TA212)	31/12/2010	Bevacizumab – not recommended with oxaliplatin and either fluorouracil plus folinic acid, or capecitabine	Yes	
Gastric cancer (HER2-positive metastatic) - trastuzumab (TA208)	30/11/2010	Trastuzumab – recommended as possible first line treatment for specified types of HER2-positive metastatic gastric adenocarcinoma.	No	This medicine is not applicable to C&W
Gastrointestinal stromal tumours (unresectable/metastatic) - imatinib (TA209) Part update to TA86	30/11/2010	Imatinib – not recommended at higher doses if unresectable and/or metastatic GISTs progress, despite imatinib 400 mg a day. See also TA86.	No	This medicine is not applicable to C&W
Diabetes (type 2) - liraglutide (TA203)	31/10/2010	Liraglutide – a recommended option at a dose of 1.2 mg daily and no more, with specified oral therapy.	Yes	
Osteoporotic fractures - denosumab (TA204)	31/10/2010	Denosumab – a recommended option for primary and secondary prevention of fractures in postmenopausal women with osteoporosis if oral bisphosphonates not suitable.	Yes	
Asthma (in children) - omalizumab (TA201)	31/10/2010	Omalizumab – not recommended for children aged 6 to 11 years with severe persistent allergic asthma.	Yes	
Chronic lymphocytic leukaemia - ofatumumab (TA202)	31/10/2010	Ofatumumab – not recommended for chronic lymphocytic leukaemia refractory to fludarabine and alemtuzumab.	Yes	
Lymphoma (non-Hodgkin's) - bendamustine (terminated appraisal) (TA206)	31/10/2010	Bendamustine – unable to recommend NHS use. TA terminated due to lack of evidence submission.	No	NICE are unable to recommend this medicine for this indication
Mantle cell lymphoma (relapsed) - temsirolimus (terminated appraisal) (TA207)	31/10/2010	Temsirolimus – unable to recommend NHS use. TA terminated due to lack of evidence submission.	No	NICE are unable to recommend this medicine for this indication
Thrombocytopenic purpura - eltrombopag (TA205)	31/10/2010	Eltrombopag – not recommended for chronic immune (idiopathic) thrombocytopenic purpura.	Yes	
Hepatitis C - peginterferon alfa and ribavirin (TA200)	30/09/2010	Peginterferon alfa (2a or 2b) plus ribavirin – partial update to TA75 and TA106 to broaden the indications for treatment.	Yes	

Rheumatoid arthritis - drugs for treatment after failure of a TNF inhibitor (TA195) Replaces TA36,TA126,TA141	31/08/2010	Rituximab – a recommended option with methotrexate, if inadequate response or intolerance to other DMARDs including at least one TNF inhibitor. Adalimumab, etanercept, infliximab, abatacept – recommended options, with methotrexate, if rituximab contraindicated or not tolerated. Adalimumab, etanercept – recommended monotherapy options if rituximab cannot be given because methotrexate contraindicated or not tolerated.	Yes	
Psoriatic arthritis - etanercept, infliximab and adalimumab (TA199) Replaces TA104, TA125	31/08/2010	Etanercept, infliximab, adalimumab – recommended for active & progressive psoriatic arthritis, based on specific criteria. Use the least expensive.	Yes	
Atrial fibrillation - dronedarone (TA197)	31/08/2010	Dronedarone – a recommended option for some people with non-permanent atrial fibrillation.	No	Added to the formulary in October 2010. Subsequently removed in September 2011 due to reports of toxicity.
Gastrointestinal stromal tumours - imatinib (adjuvant) (TA196)	31/08/2010	Imatinib – not recommended as adjuvant treatment after surgical removal of a GIST.	Yes	
Lung cancer (non-small-cell, first line) - gefitinib (TA192)	31/07/2010	Gefitinib – a recommended option for first treatment of EGFR-TK mutation positive locally advanced or metastatic non-small-cell lung cancers.	Yes	
Bone loss (therapy-induced) in non-metastatic prostate cancer - denosumab (terminated appraisal) (TA194)	31/07/2010	Denosumab – unable to recommend NHS use. TA terminated due to lack of evidence submission.	Yes	
Gastric cancer (advanced) - capecitabine (TA191)	31/07/2010	Capecitabine – recommended with platinum-containing drugs as a first line option for advanced, inoperable stomach cancer.	No	This medicine is not applicable to C&W
Leukaemia (chronic lymphocytic, relapsed) - rituximab (TA193)	31/07/2010	Rituximab – a recommended option with fludarabine and cyclophosphamide for some people with relapsed or refractory chronic lymphocytic leukaemia.	Yes	
Lung cancer (non-small-cell) - pemetrexed (maintenance) (TA190)	30/06/2010	Pemetrexed – a recommended maintenance treatment option for some people with non-small-cell lung cancer.	Yes	
Human growth hormone (somatropin) for the treatment of growth failure in children (review) (TA188) Replaces TA42	31/05/2010	Growth hormone (somatropin) – a recommended option for some children with growth failure.	Yes	
Hepatocellular carcinoma (advanced and metastatic) - sorafenib (first line) (TA189)	31/05/2010	Sorafenib – not recommended.	Yes	
Crohn's disease - infliximab (review) and adalimumab (review of TA40) (TA187)	31/05/2010	Infliximab – a recommended option for some people with severe active/ fistulising disease. Adalimumab – a recommended option for some people with severe active disease.	Yes	