

## Drug recommendations from Area Prescribing Committee – 18<sup>th</sup> February 2016

### APC recommendations

	Drug	Recommendation	Cumbria implications
<i>The following drugs have been recommended for use in Cumbria under the stated rating.</i>	E- cigarettes	Smoking cessation	<b>BLACK</b>

### Lothian formulary recommendations

	Drug	Licensed indication	Recommendation
<i>The following drugs have been recommended as suitable for use:</i>	Atomoxetine Oral solution 4mg/ml (Strattera®)	Treatment of attention-deficit/hyperactivity disorder (ADHD) in children of 6 years and older, in adolescents and in adults as part of a comprehensive treatment programme	<b>AMBER</b>
	Calcium & Vitamin D supplement (theiCal-D3®)	For prevention and treatment of calcium and vitamin D deficiency. It will be used as an adjunct to specific osteoporosis treatments in patients at risk of calcium and vitamin D deficiency.	Not included in the Lothian Formulary <b>BLACK</b>

### NTAG Treatment Appraisal recommendations

Drug/indication	NTAG recommendation	Cumbria APC decision
<i>None this meeting.</i>		

## NICE Technology assessments

	Drug	Condition	Summary	Cumbria APC Decision
TA369	Ciclosporin	Ciclosporin (Ikervis) for treating dry eyes that has not improved despite treatment with artificial tears.	Ciclosporin (Ikervis) is recommended as an option, within its marketing authorisation, for treating severe keratitis in adult patients with dry eye disease that has not improved despite treatment with tear substitutes.	AMBER
TA370	Bortezomib	For previously untreated mantle cell lymphoma.	Bortezomib (Velcade) is recommended as a possible treatment for adults with mantle cell lymphoma that has not been treated before, if haematopoietic stem cell transplantation is not suitable for them.	RED
TA371	Trastuzumab emtansine	For treating HER-2 positive , unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxane.	Trastuzumab emtansine (Kadcyla) is <b>not</b> recommended.	BLACK
TA372	Apremilast	Apremilast for treating active psoriatic arthritis.	Apremilast (Otezla) is <b>not</b> recommended for adults with active psoriatic arthritis when earlier treatment with disease-modifying antirheumatic drugs (DMARDs) has not worked well enough or isn't suitable.	BLACK
TA373	Abatacept, adalimumab, etanercept and tocilizumab	For treating juvenile idiopathic arthritis.	Abatacept (Orencia), adalimumab (Humira), etanercept (Enbrel) and tocilizumab (RoActemra) are recommended as possible treatments for people with polyarticular juvenile idiopathic	RED

			<p>arthritis.</p> <p>Adalimumab and etanercept are recommended as possible treatments for people with enthesitis-related juvenile idiopathic arthritis.</p> <p>Etanercept is recommended as a possible treatment for people with psoriatic juvenile idiopathic arthritis.</p>	
<b>TA374</b>	Erlotinib & gefitinib	Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed after prior chemotherapy.	<p>Erlotinib (Tarceva) is recommended as a possible treatment for people with locally advanced or metastatic non-small-cell lung cancer that has already been treated with non-targeted chemotherapy because of delayed confirmation of epidermal growth factor receptor tyrosine kinase (EGFR-TK) mutation status, if:</p> <ul style="list-style-type: none"> <li>• their cancer tests positive for the EGFR-TK mutation or</li> <li>• it is not known if the cancer is EGFR-TK mutation-positive because of problems with the test, and <ul style="list-style-type: none"> <li>- the cancer is very likely to be EGFR-TK mutation-positive</li> <li>- it responds to the first 2 cycles of treatment with erlotinib.</li> </ul> </li> </ul> <p>Erlotinib is <b>not</b> recommended for treating locally advanced or metastatic non-small-cell lung cancer that doesn't test positive</p>	RED

			<p>for the EGFR-TK mutation.</p> <p>Gefitinib (Iressa) is <b>not</b> recommended for treating non-small-cell lung cancer that has progressed after chemotherapy.</p>	
<b>TA375</b>	<p>Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab, and abatacept</p>	<p>For rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed.</p>	<p>Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept, all in combination with methotrexate, are recommended as options for treating rheumatoid arthritis, only if:</p> <ul style="list-style-type: none"> <li>• disease is severe, that is, a disease activity score (DAS28) greater than 5.1 and</li> <li>• disease has not responded to intensive therapy with a combination of conventional disease-modifying antirheumatic drugs (DMARDs) and</li> <li>• the companies provide certolizumab pegol, golimumab, abatacept and tocilizumab as agreed in their patient access schemes.</li> </ul> <p>Adalimumab, etanercept, certolizumab pegol or tocilizumab can be used as monotherapy for people who cannot take methotrexate because it is contraindicated or because of intolerance, when the criteria in section 1.1 are met.</p> <p>People whose treatment with adalimumab, etanercept,</p>	<b>RED</b>

			<p>infliximab, certolizumab pegol, golimumab, tocilizumab or abatacept is not recommended in this NICE guidance, but was started within the NHS before this guidance was published, should be able to continue treatment until they and their NHS clinician consider it appropriate to stop.</p>	
<b>TA376</b>	Radium-223 dichloride	For treating hormone relapsed prostate cancer with bone metastases	<p>Radium-223 dichloride is recommended as an option for treating adults with hormone-relapsed prostate cancer, symptomatic bone metastases and no known visceral metastases, only if:</p> <ul style="list-style-type: none"> <li>• they have had treatment with docetaxel, and</li> </ul> <p>the company provides radium-223 dichloride with the discount agreed in the patient access scheme.</p>	RED
<b>TA377</b>	Enzalutamide	For treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated.	<p>Enzalutamide is recommended, within its marketing authorisation, as an option for treating metastatic hormone-relapsed prostate cancer:</p> <ul style="list-style-type: none"> <li>• in people who have no or mild symptoms after androgen deprivation therapy has failed, and before chemotherapy is indicated</li> <li>• and only when the company provides it with the discount agreed in the patient access scheme.</li> </ul>	RED

TA378	Ramucirumab	For treating advanced gastric cancer or gastro-oesophageal junction adenocarcinoma previously treated with chemotherapy.	Ramucirumab alone or with paclitaxel is <b>not</b> recommended within its marketing authorisation for advanced gastric cancer or gastro-oesophageal junction adenocarcinoma previously treated with chemotherapy.	BLACK
TA379	Nintedanib	For people with idiopathic pulmonary fibrosis.	<p>Nintedanib is recommended as an option for treating idiopathic pulmonary fibrosis, only if:</p> <ul style="list-style-type: none"> <li>the person has a forced vital capacity (FVC) between 50% and 80% of predicted</li> <li>the company provides nintedanib with the discount agreed in the patient access scheme and</li> </ul> <p>treatment is stopped if disease progresses (a confirmed decline in percent predicted FVC of 10% or more) in any 12-month period.</p>	RED
TA380	Panobinostat	For treating multiple myeloma after at least 2 previous treatments.	Panobinostat in combination with bortezomib and dexamethasone is recommended, within its marketing authorisation, as an option for treating multiple myeloma, that is, for 'adult patients with relapsed and/or refractory multiple myeloma who have received at least 2 prior regimens including bortezomib and an immunomodulatory agent' when the company provides panobinostat with the discount agreed in the	RED

			patient access scheme.	
<b>TA381</b>	Olaparib	For the maintenance treatment of BRCA 1 or 2 mutated, relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer in people whose relapsed disease has responded to platinum-based chemotherapy.	<p>Olaparib is recommended within its marketing authorisation 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 only if:</p> <ul style="list-style-type: none"> <li>they have had 3 or more courses of platinum based chemotherapy and</li> </ul> <p>the drug cost of olaparib for people who remain on treatment after 15 months will be met by the company.</p>	<b>RED</b>
<b>TA382</b>	Eltrombopag	For severe aplastic anaemia refractory to immunosuppressive therapy	NICE was unable to make recommendations on eltrombopag (Revolade) for severe aplastic anaemia refractory to immunosuppressive therapy because no evidence submission was received from Novartis, but will review this decision if the company decides to make a submission.	<b>GREY</b>
<b>TA383</b>	<p>TNF – Alpha inhibitors</p> <p>Adalimumab</p> <p>Certolizumab pegol</p> <p>Etanercept</p> <p>Golimumab</p>	For people with severe active ankylosing spondylitis or severe non-radiographic axial spondyloarthritis who have tried non-steroidal anti-inflammatory drugs (NSAIDs), but they have not worked.	Adalimumab, certolizumab pegol, etanercept, golimumab and infliximab are recommended, within their marketing authorisations, as options for treating severe active ankylosing spondylitis in adults whose disease has responded inadequately to, or who cannot tolerate, non-steroidal anti-inflammatory drugs. Infliximab is recommended only if treatment is started with the least expensive infliximab product. People currently	<b>RED</b>

	Infliximab.		receiving infliximab should be able to continue treatment with the same infliximab product until they and their NHS clinician consider it appropriate to stop.	
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### NICE clinical guidelines

Clinical Guideline	Condition	Date of Publication	Summary of Guidance
NG30	Oral Health Promotion: General Dental Practice	Dec 15	<p>This guideline covers how general dental practice teams can convey advice about oral hygiene and the use of fluoride. It also covers diet, smoking, smokeless tobacco and alcohol intake.</p> <p>There are no specific medicine related recommendations in this guidance.</p>
NG31	Care of dying adults in the last days of life	Dec 15	<p>This guideline covers the clinical care of adults (18 years and over) who are dying during the last 2 to 3 days of life. It aims to improve end of life care for people in their last days of life by communicating respectfully and involving them, and the people important to them, in decisions and by maintaining their comfort and dignity. The guideline covers how to manage common symptoms without causing unacceptable side effects and maintain hydration in the last days of life.</p>



			Medication recommendations are in line with current formulary choices.
NG32	Older people: Independence and mental wellbeing	Dec 15	<p>This guideline covers interventions to maintain and improve the mental wellbeing and independence of people aged 65 or older and how to identify those most at risk of a decline.</p> <p>There are no specific medicine related recommendations in this guidance.</p>
NG33	<p><b>Tuberculosis</b></p> <p>The guideline is an update of NICE guideline CG117 (published 2011) and replaces it. It also incorporates recommendations from NICE guideline PH37 (published March 2012).</p>	Jan 16	<p>This guideline covers preventing, identifying and managing latent and active tuberculosis (TB) in children, young people and adults. It aims to improve ways of finding people who have TB in the community and recommends that everyone under 65 with latent TB should be treated. It describes how TB services should be organised, including the role of the TB control board.</p> <p>Medication recommendations are in line with current formulary choices.</p>