Patient Treatments

Spiolto Respimat has been added to the Formulary in Chapter 3.1.4. Spiolto contains tiotropium and olodaterol (LAMA and LABA respectively). Spiolto is not first line choice, but offers an MDI 'soft-mist' option for patients unable to use a DPI device. The following is a summary table of LABA+LAMA devices:

Combinations:	Single LAMA:	Device:
Anoro = Umeclidinium and vilanterol 55/22 (£32.50)	Incruse = Umeclidinium 55 (£27.50)	Ellipta (DPI)
Ultibro = Glycopyrronium and indacaterol 50/110 (£32.50)	Seebri = Glycopyrronium 50 (£27.50)	Breezhaler (DPI)
Duaklir = Aclidinium and formoterol 340/12 (£32.50)	Eklira = Aclidinium 322 (£28.60)	Genuair (DPI)
Spiolto = Tiotropium and olodaterol 2.5/2.5 (£32.50)	Spiriva = Tiotropium 2.5 (£33.50)	Respimat (MDI)

(All strengths in micrograms)

Toujeo (Insulin Glargine 300 units/ml) has been added to the Formulary in Chapter 6.1.1.2. Prescribing should be by brand, strength and dose due to similar products on the market. The APC agreed that this should be put on the Formulary with the proviso that it is not first-line choice. Toujeo should only be initiated in secondary care by either a consultant endocrinologist, a diabetes specialist nurse with agreement from a consultant endocrinologist or by an accredited GP with specialist interest.

Treclin Gel has been added to the Formulary in Chapter 13.6.1. This is a topical acne treatment containing tretinoin 0.02% and clindamycin 1%. A new primary care pathway for acne treatments has been created and can be viewed here.

Daklinza Tablets have been added to Formulary Chapter 5.3.3.2. These are an antiviral used in combination with other treatments for Hepatitis C. This tablet for the foreseeable future will be funded by NHSE and used as per specific pathways. This will remain specialist only.

Exviera Tablets have been added to Formulary Chapter 5.3.3.2. These are an antiviral used in combination with other treatments for Hepatitis C. This tablet for the foreseeable future will be funded by NHSE and used as per specific pathways. This will remain specialist only.

Harvoni Tablets have been added to Formulary Chapter 5.3.3.2. These are an antiviral used in combination with other treatments for Hepatitis C. This tablet for the foreseeable future will be funded by NHSE and used as per specific pathways. This will remain specialist only.

Viekirax Tablets have been added to Formulary Chapter 5.3.3.2. These are an antiviral used in combination with other treatments for Hepatitis C. This tablet for the foreseeable future will be funded by NHSE and used as per specific pathways. This will remain specialist only.

Naloxegol Tablets have been added to Formulary Chapter 1.6.2 as per NICE TA345. Naloxegol is recommended as an option for treating opioid induced constipation in adults whose constipation has not adequately responded to laxatives. The APC are working with specialists to produce a pathway

for the use of this medicine. Other laxatives and laxative combinations must have been tried without success before naloxegol is considered.

Aflibercept Solution for Injection has been amended in Formulary Chapter 11.8.2 to include use as per NICE TA346. Aflibercept 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. People whose treatment with aflibercept is not recommended in this NICE guidance, but was started within the NHS before this guidance was published, should be able to continue aflibercept until they and their NHS clinician consider it appropriate to stop.

Nintedanib Tablets have been added to Formulary Chapter 8.1.5 as per NICE TA347. 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.

Dexamethasone Intravitreal Implant has been amended in Formulary Chapter 11.4.1 to include use as per NICE TA349. The 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. People whose treatment with dexamethasone intravitreal implant was started within the NHS before this guidance was published, but is not recommended for them by NICE in this guidance, should be able to continue treatment until they and their NHS clinician consider it appropriate to stop.

Secukinumab Injection 150mg and 300mg (brand name Cosentyx) has received a positive Nice Technology Appraisal (NICE TA350). The APC agreed that use as per TA350 is in accordance with regional needs and has been added to Formulary Chapter 13.5.3. 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.

Secukinumab treatment should be stopped in people whose psoriasis has not responded adequately at 12 weeks. Further treatment cycles are not recommended in these people. An adequate response is defined as either: a 75% reduction in the PASI score from when treatment started (PASI 75) or a 50% reduction in the PASI score (PASI 50) and a 5-point reduction in DLQI from when treatment started. People whose treatment with secukinumab 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. When using the DLQI, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect the responses to the DLQI and make any adjustments they consider appropriate.

Vedolizumab Injection has been amended in Formulary Chapter 1.5.3 to include use as per NICE TA352. 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. Vedolizumab is recommended only if the company provides it with the discount agreed in the patient access scheme.

Vedolizumab should be given as a planned course of treatment until it stops working or surgery is needed, or until 12 months after the start of treatment, whichever is shorter. At 12 months, people should be reassessed to determine whether treatment should continue. Treatment should only continue if there is clear evidence of ongoing clinical benefit. For people in complete remission at 12 months, consider stopping vedolizumab, resuming treatment if there is a relapse. People who continue vedolizumab should be reassessed at least every 12 months to decide whether continued treatment is justified.

People whose treatment with vedolizumab 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

Edoxaban Tablets have been added to Formulary Chapter 2.8.2 as per NICE TA354. Edoxaban is recommended as an option for treating and for preventing recurrent deep vein thrombosis and pulmonary embolism in adults. The Anticoagulation Pathway has been updated to include edoxaban tablets.

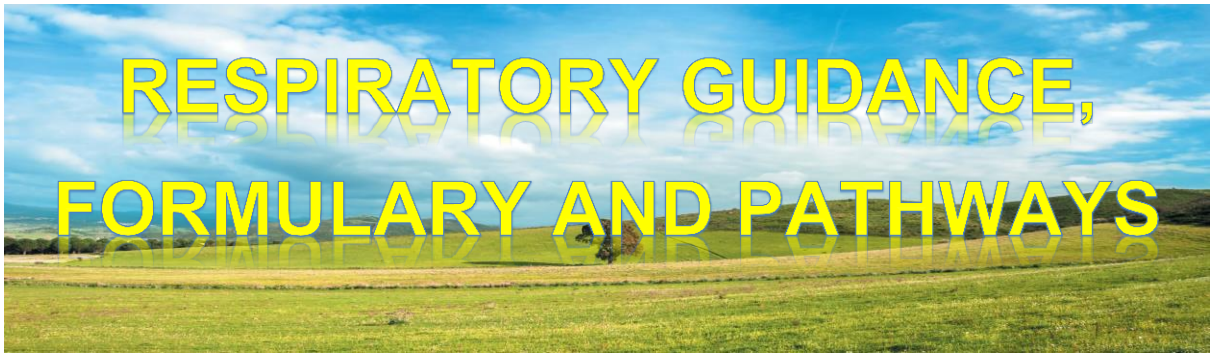
NICE TA348 produced the outcome that everolimus is not recommended within its marketing authorisation for preventing organ rejection in people having a liver transplant.

NICE TA351 was terminated as NICE was unable to make a recommendation about the use in the NHS 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 Company.

Insulin degludec (Tresiba) and **insulin degludec + liraglutide combination** (Xultophy) were discussed by the APC. Further information regarding patient selection criteria was required and a review of the information is scheduled for 29th October.

Respiratory Guide for Modern Inhaler Devices

The APC have published hard copies of the recently created Respiratory Guide. A representative of the APC will be visiting each practice region-wide with two free copies of this guide, presented in an easy to use, convenient swatch book. Should any further copies be needed, an electronic version can be accessed by clicking in the image below.



If you have any questions about the APC or related local guidance, please contact Richard Neilson via email at richard.neilson@nhs.net.

Please refer to the APC Formulary and relevant pathways for further information:

Formulary Pathways New Requests Recent Additions Newsletters