

SMC DECISION SUMMARY FOR GENERAL PRACTICE (MARCH 2010)

This is an alphabetical summary of all decisions which SMC have made since Jan 2002 for drugs which may be used in General Practice. Full guidance is available at the SMC website (www.scottishmedicines.org).

Local Implications

- Key:**
- Drug NOT recommended by SMC for use in Scotland. Non-formulary.
 - Drug accepted by SMC for use/restricted use in Scotland. Therapy will normally be initiated by local specialist/hospital doctor. **Non-formulary unless stated.**
 - Drug accepted by SMC for use/restricted use in Scotland. There are no local restrictions on who can initiate therapy but drugs are **Non-formulary unless stated.**
 - Drug recommended by SMC for use in Scotland and is listed in the D&G Joint Formulary
- D&G Formulary ✓ - denotes inclusion in the Dumfries and Galloway Joint Formulary although **not necessarily** 1st choice for the indication.

A

Drug	Decision and brief summary of indication
Adalimumab 40mg pre-filled syringe for subcutaneous injection (Humira®)	<p>● Accepted for restricted use, for treatment of rheumatoid arthritis (RA).</p>
	<p>● Accepted for use for the treatment of active and progressive psoriatic arthritis in adults when the response to previous disease-modifying anti-rheumatic drug therapy has been inadequate. Adalimumab improves symptoms of arthritis and psoriasis and may slow the progression of joint damage in patients with active psoriatic arthritis.</p>
	<p>● Accepted for restricted use within NHS Scotland for the treatment of adults with severe active ankylosing spondylitis who have an inadequate response to conventional therapy. It is restricted to use in accordance with the British Society for Rheumatology (BSR) guidelines of July 2004.</p>
	<p>● Not recommended for use within NHS Scotland for the treatment of severe, active Crohn's disease, in patients who have not responded despite a full and adequate course of therapy with a corticosteroid and/or an immunosuppressant; or who are intolerant to or have medical contraindications for such therapies. In both induction and maintenance studies in patients with severe active Crohn's disease, more patients treated with adalimumab achieved and maintained clinical remission than with placebo. However, the manufacturer did not present a sufficiently robust economic case to gain acceptance by the SMC.</p>
	<p>● Accepted for restricted use for treatment of chronic plaque psoriasis in adult patients who failed to respond to or have a contraindication to, or are intolerant to other systemic therapy including ciclosporin, methotrexate or PUVA. Its use should be restricted to patients with severe disease as defined by a total Psoriasis Area Severity Index (PASI) score of ≥ 10 and a Dermatology Life Quality Index (DLQI) of >10. Adalimumab improves both signs and symptoms of psoriasis and quality of life compared to placebo and an active non-biological comparator. The manufacturer presented a sufficiently robust economic case to gain acceptance by the SMC for patients with severe disease who achieve a PASI 75 response from baseline at 16 weeks. Continuation of therapy beyond 16 weeks should be carefully reconsidered in patients not responding within this time period.</p>






	●	Accepted for restricted use in combination with methotrexate, for the treatment of active polyarticular juvenile idiopathic arthritis in adolescents aged 13-17 years who have an inadequate response to one or more disease-modifying anti-rheumatic drugs (DMARDs). Adalimumab can be given as monotherapy in case of intolerance to methotrexate or when continued treatment with methotrexate is inappropriate. It should be restricted to use within specialist rheumatology services.
Adefovir dipivoxil (Hepsera®)	●	Accepted for restricted use within NHS Scotland for the treatment of chronic hepatitis B in adults with either compensated liver disease with evidence of active viral replication, persistently elevated serum alanine aminotransferase (ALT) levels and histological evidence of active liver inflammation and fibrosis, or decompensated liver disease. Its use is restricted to patients who demonstrate lamivudine resistance.
Agomelatine (Valdoxan®)	●	Not recommended for use for the treatment of major depressive episodes in adults.
Alendronate/colecalciferol (Fosavance®)	●	Accepted for use for the treatment of postmenopausal osteoporosis in patients at risk of vitamin D insufficiency who require treatment with both alendronate and vitamin D and for whom once-weekly administration is appropriate. The combination preparation is cost saving compared to the two drugs administered separately. Weekly administration of vitamin D represents a departure from routine clinical practice. In patients who also require calcium supplementation this will have to be administered separately, using a calcium preparation that does not also contain vitamin D
Alglucosidase alfa (Myozyme®)	●	Not recommended for use within NHS Scotland for the treatment of Pompe disease (acid α -glucosidase deficiency). Treatment in patients with the infantile-form of Pompe disease significantly improved survival compared with historical controls. The evidence is less clear for patients who are already receiving ventilatory support or who have the late-onset form of the disease. The economic case has not been demonstrated.
Aliskiren (Rasilez®)	●	On resubmission - Not recommended for the treatment of essential hypertension.
Alitretinoin (Toctino®)	●	Accepted for use in adults who have severe chronic hand eczema that is unresponsive to treatment with potent topical corticosteroids. It is recommended that alitretinoin is dispensed by a hospital-based pharmacy.

Ambrisentan (Volibris®)	●	Accepted for restricted use for the treatment of patients with pulmonary arterial hypertension (PAH) classified as WHO functional class II and III, to improve exercise capacity. Efficacy has been shown in idiopathic PAH (IPAH) and in PAH associated with connective tissue disease. Data suggest that ambrisentan has a benefit/risk ratio comparable to other endothelin receptor antagonists. Non-inferiority has not been formally demonstrated as ambrisentan is an orphan drug with limited clinical evidence. Where an endothelin receptor antagonist is indicated, ambrisentan provides an alternative. It is restricted to initiation and prescribing by specialists in the Scottish Pulmonary Vascular Unit or similar specialists.
Amlodipine/valsartan (Exforge®)	●	Accepted for use in NHS Scotland for patients whose blood pressure is not adequately controlled on amlodipine or valsartan monotherapy. In patients for whom concomitant use of these medicines as a fixed dose combination is appropriate it allows administration of a single tablet at no greater cost than valsartan (Diovan®) alone. Angiotensin receptor blockers are an alternative to ACE inhibitors where these are not tolerated. This fixed dose combination is one of many options for the treatment of hypertension, many of which are less expensive.
Anagrelide (Xagrid®)	●	Accepted for use within NHS Scotland for the reduction of elevated platelet counts in at-risk patients with essential thrombocythaemia who are intolerant of their current therapy or whose elevated platelet counts are not reduced to an acceptable level by their current therapy.
Anakinra (Kineret®)	●	Not recommended for use within NHS Scotland for the treatment of rheumatoid arthritis.
Anastrozole (Arimidex®)	● ✓	Restricted use. Adjunctive treatment of early breast cancer in postmenopausal women with oestrogen-receptor positive disease who cannot take tamoxifen because of the presence of thrombophilic disorders or a past history of venous thromboembolic events, endometrial malignancy or undiagnosed vaginal bleeding. D&G Formulary ✓
	● ✓	Accepted for restricted use within NHS Scotland in the adjuvant treatment of postmenopausal women with hormone receptor-positive early invasive breast cancer. Anastrozole has shown benefit over standard anti-oestrogen therapy in terms of disease-free survival in this patient group. It offers an alternative to tamoxifen and has a different adverse effects profile. Treatment with anastrozole should be initiated by a breast cancer specialist. D&G Formulary ✓

	<ul style="list-style-type: none"> ● Accepted for restricted use within NHS Scotland for the adjuvant treatment of early breast cancer in hormone receptor positive postmenopausal women who have received 2 to 3 years of adjuvant tamoxifen. In a combined analysis of two trials, switching to anastrozole after 2 years of tamoxifen therapy rather than continuing with tamoxifen resulted in a 3.1% increase in event-free survival at three years follow-up. It offers an alternative to tamoxifen after initial adjuvant treatment with tamoxifen for 2-3 years and has a different adverse effects profile. Treatment with anastrozole is restricted to initiation by a breast cancer specialist. D&G Formulary ✓
Anidulafungin (Ecalta®)	<ul style="list-style-type: none"> ● Accepted for restricted use for the treatment of invasive candidiasis in adult non-neutropenic patients. Its use is restricted to patients who are unable to tolerate fluconazole or have invasive candidiasis that is resistant to fluconazole.
Aprepitant (Emend®)	<ul style="list-style-type: none"> ● Restricted use for the prevention of acute and delayed nausea and vomiting associated with highly emetogenic cisplatin-based chemotherapy.
	<ul style="list-style-type: none"> ● As part of combination therapy is NOT recommended for use for the prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy. No superiority for the aprepitant regimen could be demonstrated for the prevention of nausea.
Aripiprazole (Abilify®)	<ul style="list-style-type: none"> ● Accepted for use within NHS Scotland for the treatment of schizophrenia
	<ul style="list-style-type: none"> ● Not recommended for the treatment of moderate to severe manic episodes in bipolar 1 disorder and for the prevention of a new manic episode in patients who experienced predominantly manic episodes and whose manic episodes responded to aripiprazole treatment. Aripiprazole demonstrated superior efficacy to placebo in reducing manic symptoms at week 3 and treatment effect comparable to lithium or haloperidol was maintained at week 12. Aripiprazole also demonstrated superior efficacy to placebo in prevention of relapse. It has not been compared to other atypical antipsychotics in this indication. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC. On resubmission in May 2009 – Not recommended.

Aripiprazole intramuscular injection (Abilify®)	●	Accepted for use for the rapid control of agitation and disturbed behaviours in patients with schizophrenia when oral therapy is not appropriate. Where aripiprazole is an appropriate antipsychotic, this new formulation provides rapid control of symptoms at an equivalent cost to solid oral dosage forms. SMC has not recommended aripiprazole for use within NHS Scotland for the treatment of manic episodes in bipolar 1 disorder. Therefore this formulation is not recommended for the rapid control of agitation and disturbed behaviours in patients with manic episodes in bipolar 1 disorder.
Atazanavir (Reyataz®)	●	Accepted for use in antiretroviral treatment naïve HIV-1 infected adults in combination with other antiretroviral medicinal products.
Atomoxetine capsules 10mg to 60mg (Strattera®)	●	Accepted for restricted use within NHS Scotland for the treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) in children of 6 years and older or in adolescents. It is restricted to use in patients who do not respond to stimulants or in whom stimulants are contraindicated or not tolerated. It is restricted to use by physicians with appropriate knowledge and expertise in treating ADHD. This advice concerns use in children and adolescents only and does not cover use in adults
Atorvastatin calcium (Lipitor®)	● ✓	Accepted for restricted use in the NHS in Scotland, as an adjunct to diet for the reduction of elevated total cholesterol, LDL-cholesterol, apolipoprotein B and triglycerides in children aged 10 years and older with primary hypercholesterolaemia, heterozygous familial hypercholesterolaemia or combined (mixed) hyperlipidaemia when response to diet and other non-pharmacological measures is inadequate. D&G Formulary ✓
Azacitidine (Vidaza®)	●	Not recommended in NHS Scotland for the treatment of adult patients not eligible for haematopoietic stem cell transplantation with: myelodysplastic syndrome / chronic myelomonocytic leukaemia / acute myeloid leukaemia. The manufacturer did not present a sufficiently robust economic case to gain acceptance by the SMC.
Azelaic acid 15% gel (Finacea®)	●	Accepted for use within NHS Scotland for the topical treatment of papulopustular rosacea. It shows equivalent efficacy at a lower cost compared to another topical preparation used for rosacea.

B

Beclomethasone (Clenil modulite®)		<p>Accepted for use in NHS Scotland for the prophylactic management of mild, moderate or severe asthma in adults or children. They provide chlorofluorocarbon (CFC)-free inhalers with dose equivalence to CFC-containing inhalers. Doses are not equivalent to the other CFC-free inhaler product currently available.</p>
Beclometasone dipropionate (Clipper®)		<p>Not recommended for use within NHS Scotland for the treatment of mild to moderate ulcerative colitis in active phase as add-on therapy to 5-ASA containing drugs. The clinical and cost effectiveness against standard practice have not been demonstrated.</p>
Beclometasone 100mcg, formoterol 6mcg metered dose inhaler (Fostair®)		<p>Accepted for use within NHS Scotland for the regular treatment of asthma where use of a combination product (inhaled corticosteroid and long-acting beta2-agonist) is appropriate: patients not adequately controlled with inhaled corticosteroids and 'as needed' inhaled short acting beta2-agonist; or patients already adequately controlled on both inhaled corticosteroids and long-acting beta2-agonists.</p> <p>It should be used in patients for whom beclometasone and formoterol are appropriate choices of Corticosteroid and long-acting beta-agonist, respectively, and for whom a metered dose inhaler is an appropriate delivery device. It has costs similar to other combination products containing a Corticosteroid and long-acting beta2-agonist to which it was clinically non-inferior. The 100mcg dose of beclometasone in Fostair® is not bioequivalent to a 100mcg dose of beclometasone in several other inhaler formulations. The Fostair® summary of product characteristics contains information on transferring from these inhalers to Fostair®.</p>
Bemiparin 25,000 IU/ml (Zibor®)		<p>Not recommended for use within NHS Scotland for the treatment of established deep vein thrombosis, with or without pulmonary embolism, during the acute phase. Greater numbers of patients had a reduction in thrombus size with bemiparin than unfractionated heparin, although bemiparin has not been compared with other low molecular weight heparins. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC</p>
		<p>On resubmission - Bemiparin (Zibor®) is accepted for use for the prevention of thromboembolic disease in patients undergoing orthopaedic surgery. Bemiparin was associated with a lower incidence of thromboembolic complications than unfractionated heparin and was non-inferior to another low molecular weight heparin.</p>

Betaine anhydrous (Cystadane®)	●	Not recommended as adjunctive treatment of homocystinuria involving deficiencies or defects in cystathionine beta-synthase (CBS), 5,10-methylene-tetrahydrofolate reductase (MTHFR) or cobalamin cofactor metabolism (cbl). Clinical efficacy data for betaine anhydrous are limited. The manufacturer did not present a sufficiently robust economic evaluation to gain acceptance by SMC.
Bevacizumab (Avastin®)	●	Not recommended for use within NHS Scotland in combination with intravenous fluorouracil/folinic acid or intravenous fluorouracil/folinic acid/irinotecan for first-line treatment of patients with metastatic carcinoma of the colon or rectum.
	●	in addition to platinum-based chemotherapy, is not recommended for first-line treatment of patients with unresectable advanced, metastatic or recurrent non-small cell lung cancer other than predominantly squamous cell histology.
	●	Not recommended for use in combination with interferon alfa-2a for the first line treatment of patients with advanced and/or metastatic renal cell cancer.
Bimatoprost (Lumigan®)	●	Accepted for general use in NHS Scotland. Adjunctive therapy to beta-blockers or as monotherapy in patients insufficiently responsive to, intolerant of or contra-indicated to first-line therapy
Bimatoprost/timolol (Ganfort®) eyedrops	●	Accepted for use in NHS Scotland for the reduction of intraocular pressure in patients with open-angle glaucoma or ocular hypertension who are insufficiently responsive to topical beta-blockers or prostaglandin analogues and for whom this combination offers an appropriate choice.
Biphasic insulin aspart (NovoMix30®)	●	Accepted for general use in NHS Scotland.
Bivalirudin (Angiox®)	●	Accepted for restricted use of adult patients with acute coronary syndromes (unstable angina/non-ST segment elevation myocardial infarction) planned for urgent or early intervention. It is restricted to use in patients who would otherwise have been considered for heparin in combination with a glycoprotein IIb/IIIa antagonist. In these patients bivalirudin monotherapy may be a suitable alternative. It should not be used as an alternative to heparin alone. Bivalirudin should be administered with aspirin and clopidogrel. Bivalirudin showed a reduced risk of bleeding compared to a heparin-based anticoagulant strategy in patients with moderate and high risk acute coronary syndromes undergoing early invasive management.

Bortezomib (Velcade®)	●	On resubmission: Accepted for use as mono-therapy for the treatment of progressive multiple myeloma in patients who have received at least one prior therapy and who have already undergone or are unsuitable for bone marrow transplantation. Bortezomib, compared to high dose dexamethasone, prolonged time to disease progression and improved survival in patients who had progressive multiple myeloma despite previous treatment with one to three lines of therapy. “This SMC advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of bortezomib and is contingent upon the continuing availability of the patient access scheme in NHS Scotland”.
Bosentan (Tracleer®)	●	Recommended for restricted use, a potentially useful alternative to epoprostenol for patients with Grade III pulmonary arterial hypertension.
	●	Not recommended for use within NHSScotland to reduce the number of new digital ulcers in patients with systemic sclerosis and ongoing digital ulcer disease.
	●	Not recommended for the treatment of pulmonary arterial hypertension (PAH) WHO functional class II. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication.
Brimonidine / timolol (Combigan ®) eye drops	●	Accepted for use in NHS Scotland for the reduction of intra-ocular pressure in patients with chronic open-angle glaucoma or ocular hypertension who are insufficiently responsive to topical beta-blockers alone and for whom Brimonidine is an appropriate choice of adjuvant therapy. The combination product may be associated with a modest decrease in cost compared with the individual components and allows patients to administer fewer drops.
Brinzolamide/timolol eye drops suspension (Azarga®)	●	Accepted for the decrease of intraocular pressure (IOP) in adult patients with open-angle glaucoma or ocular hypertension for whom monotherapy provides insufficient IOP reduction. The combination product allows patients to administer fewer drops at a modestly increased cost over separate administration of the constituents.

Budesonide Inhaler (Easyhaler® Budesonide)	●	Accepted for use within NHS Scotland for the treatment of mild, moderate or severe persistent asthma in adults and children over 6 years of age.
Budesonide CFC-free inhaler 100 micrograms and 200 micrograms per actuation (Pulmicort®)	●	Accepted for use in Scotland. For the treatment of asthma.
Budesonide (Novolizer®) Dry powder inhalation	●	Accepted for use within NHS Scotland for the treatment of persistent asthma in adults and children over 6 years of age.
Budesonide/ formoterol inhaler (Symbicort Turbohaler®)	●	Accepted for general use in NHS Scotland for the symptomatic treatment of patients with severe COPD (FEV1 <50% predicted normal) and a history of repeated exacerbations, who have significant symptoms despite regular therapy with long-acting bronchodilators.
Budesonide/formoterol turbohaler (Symbicort® SMART®)	●	Accepted for use within NHS Scotland, in adults, for the regular treatment of asthma where use of a combination (inhaled corticosteroid and long-acting beta2-agonist) is appropriate; Symbicort is taken as regular maintenance treatment and as needed in response to symptoms. In patients using inhaled budesonide/formoterol as preventer therapy, use of the same inhaler for reliever therapy is associated with a longer time to first severe exacerbation than use of comparator reliever regimens. In addition, some patients may be able to reduce the dose of preventer therapy.
Budesonide rectal foam 2mg (Budenofalk®)	●	Accepted for use within NHS Scotland for the treatment of active ulcerative colitis that is limited to the rectum and the sigmoid colon. It should be used in patients for whom rectally administered budesonide is an appropriate choice of treatment. It costs less than equivalent doses of the other rectal formulation of budesonide
Buprenorphine (Transtec®) patch	●	Not recommended for the treatment of moderate to severe cancer pain and severe pain that does not respond to non-opioid analgesics.

Buprenorphine (BuTrans®) patch	<p>● On multiple resubmissions: Not recommended for the treatment of severe opioid responsive pain conditions which are not adequately responding to non-opioid analgesics.</p> <p>On resubmission: In the patient population considered in this submission, severe osteoarthritis pain in elderly patients whose pain is not adequately controlled by non-opioid analgesics, or for whom other analgesics are not suitable, buprenorphine transdermal 7-day patch was superior to placebo and similar in efficacy to comparator agents and similar in efficacy to World Health Organisation (WHO) 'Step 2' analgesic comparator agents.</p> <p>The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by the SMC.</p>
Buprenorphine/naloxone (Suboxone®)	<p>● Accepted for restricted use within NHS Scotland for substitution treatment for opioid drug dependence, within a framework of medical, social and psychological treatment. In the pivotal trial buprenorphine/naloxone was superior to placebo and had similar efficacy and safety to buprenorphine. There are currently no published trials comparing buprenorphine/naloxone with methadone. Buprenorphine/naloxone is restricted to those patients in whom methadone is not suitable and for whom the use of buprenorphine is considered appropriate.</p>
Busulphan (Busilvex®) IV infusion	<p>● Accepted for use within NHS Scotland as part of a combination regimen for conditioning treatment prior to conventional haematopoietic progenitor cell transplantation (HPCT) in paediatric and adult patients. The intravenous preparation offers advantages to patients over the oral formulation in terms of convenience of administration and predictability of blood levels.</p> <p>In adults it should be followed by cyclophosphamide (BuCy2) and in children it should be followed by cyclophosphamide (BuCy4) or by melphalan (BuMel).</p>

C

Calcipotriol & betamethasone dipropionate ointment (Dovobet®)	<p>● Accepted for restricted use within NHS Scotland for the initial topical treatment of stable plaque psoriasis. Short-term comparisons have shown that the combination is more effective than either component as monotherapy and that it is cost effective compared to alternative therapies.</p>
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Calcipotriol and betamethasone dipropionate scalp gel, (Xamiol®)	●	Accepted for the topical treatment of scalp psoriasis. Short-term comparisons have shown that the combination is more effective than either component used as monotherapy.
Calcitriol (Silkis®)	●	Accepted for general use in NHS Scotland in the treatment of mild to moderate plaque psoriasis in adults.
Calcium acetate (PhosLo®)	●	For prevention/treatment of hyperphosphataemia in patients with advanced renal failure on dialysis. For patients in whom calcium acetate is an appropriate phosphate binding agent this product is available at a cost per unit of calcium equivalent to that of an existing preparation. <i>Accepted for use.</i> Phosex remains treatment of choice in NHS D&G at present.
Calfovit D3®	●	Accepted for general use in NHS Scotland for the correction of calcium and Vitamin D deficiency in the elderly.
Candesartan (Amias ®)	●	Accepted for use within NHS Scotland for the treatment of patients with heart failure and left ventricular systolic dysfunction (left ventricular ejection fraction = 40%) as add-on therapy to ACE inhibitors or in patients who are unable to tolerate ACE Inhibitors.
Carbidopa/levodopa (Duodopa) instestinal gel administration via enteral tube	●	Not recommended for use within NHS Scotland for the treatment of advanced levodopa-responsive Parkinson's disease with severe motor fluctuations and hyper-/dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results.

Carbomer 0.25% (Liquivisc®) gel	●	Accepted for use in NHS Scotland for the symptomatic treatment of dry eye syndrome where a carbomer product is the treatment of choice. It differs in only minor respects from other carbomer products and is less expensive.
Carglumic acid (Carbaglu®)	●	Accepted for restricted use within NHS Scotland for the treatment of hyperammonaemia due to N-acetylglutamate synthase deficiency. Limited data from retrospective case analysis indicate that carglumic acid generally allowed patients to maintain normal ammonia levels, growth and psychomotor development. Carglumic acid is restricted to use by experts providing the supraregional specialist service for this disease.
Celecoxib (Celebrex®)	●	Not recommended for use within NHSScotland for ankylosing spondylitis. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland.
Choriogonadotropin alfa (Ovitrelle®)	●	Accepted for use in NHS Scotland for the treatment of anovulatory or oligo-ovulatory women, where the use of this preparation is appropriate. Unlike the vial formulation available previously it does not require reconstitution, and the cost per dose is the same. This replaces advice previously issued by the Scottish Medicines Consortium for Ovitrelle in May 2006 following a non-submission.
Ciclesonide (Alvesco®)	●	Accepted for use within NHS Scotland for the prophylactic treatment of persistent asthma in adults (18 years and older). Ciclesonide is restricted to asthma patients who require once a day administration and whose treatment is at step 2 or step 3 of the British Guideline on the Management of Asthma. Alternative inhaled steroids are available at lower costs.
	●	Accepted for restricted use within NHS Scotland for treatment to control persistent asthma in adolescents (aged at least 12 years and <18 years). Ciclesonide is restricted to asthma patients who require once a day administration and whose treatment is at step 2 or step 3 of the British Guideline on the Management of Asthma. Alternative inhaled steroids are available at lower costs
	●	Accepted for use within NHS Scotland at high doses (up to 640mcg daily for up to 12 weeks) to control persistent asthma in adolescents and adults (12 years and older). The higher dose should be used in patients for whom ciclesonide is an appropriate choice of maintenance inhaled corticosteroid therapy. Alternative inhaled steroids are available at lower costs.






Cilostazol (Pletal®)	●	Following re-submission: Not recommended for use for improvement of the maximal and pain-free walking distances in patients with intermittent claudication, who do not have rest pain and who do not have evidence of peripheral tissue necrosis. Although in clinical trials, cilostazol improved pain-free and maximal-walking distances and had limited effects on quality of life assessments of physical function and pain, its efficacy and safety profile in Scottish patients, who are concomitantly treated with an antiplatelet drug, is unclear. The clinical effectiveness and cost-effectiveness were not demonstrated.
Cinacalcit (Mimpara®)	●	Not recommended for use within NHS Scotland for the treatment of secondary hyperparathyroidism in patients with end-stage renal disease on maintenance dialysis therapy.
	●	Not recommended for use within NHSScotland for the reduction of hypercalcaemia in patients with parathyroid carcinoma. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland.
	●	Not recommended for the reduction of hypercalcaemia in patients with primary hyperparathyroidism (HPT) for whom parathyroidectomy would be indicated on the basis of serum calcium levels (as defined by relevant treatment guidelines), but in whom parathyroidectomy is not clinically appropriate or is contraindicated. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication.
Clarithromycin (Clarasip®)	●	Not recommended for use within NHS Scotland for the treatment of acute and chronic infections caused by clarithromycin susceptible organisms. It uses sip technology, where the granules are contained within a drinking straw. Clarasip incurs a cost premium of up to 20% compared to alternative oral liquid clarithromycin, with no proven advantage in terms of compliance.
Clindamycin 1% and benzoyl peroxide 5% gel (Duac® Once Daily Gel)	●	Restricted use. It should be considered after using benzoyl peroxide monotherapy and only when the addition of a topical antibiotic is deemed clinically necessary

Clobetasol cutaneous foam (Clarelux®)	●	Accepted for use within NHS Scotland for short-course treatment of steroid responsive dermatoses of the scalp such as psoriasis, which do not respond satisfactorily to less potent steroids. It offers an alternative to other scalp applications of clobetasol propionate at a similar cost (depending on the rate of application).
Clobetasol propionate 0.05% shampoo (Etrivex®)	●	On resubmission: Accepted for the topical treatment of moderate scalp psoriasis in adults. Comparison of clobetasol propionate 0.05% shampoo to another clobetasol formulation demonstrated non-inferiority and costs are similar.
Clofarabine (Evoltra®)	●	Accepted for restricted use within NHS Scotland for the treatment of acute lymphoblastic leukaemia (ALL) in paediatric patients (= 21 years) who have relapsed or are refractory after receiving at least two prior regimens and where there is no other treatment option anticipated to result in a durable response. It is restricted to patients in whom clofarabine is being used as a treatment to bridge to HSCT and restricted to use by specialists in paediatric haemato-oncology. It is not cost-effective when used for palliation.
Clopidogrel (Plavix®)	● ✓	Accepted for restricted use within NHS Scotland for the treatment of acute coronary syndrome (without ST-segment elevation) in combination with aspirin D&G Formulary ✓
	● ✓	Accepted for restricted use within NHS Scotland for patients with ST segment elevation acute myocardial infarction (MI), in combination with aspirin, in medically treated patients eligible for thrombolytic therapy. The addition of short-term treatment with clopidogrel to long-term low dose aspirin has improved the patency rate of the infarct related artery as well as clinical endpoints. Treatment with clopidogrel in these patients is restricted to continuation for 4 weeks. D&G Formulary ✓
Clostridium botulinum type A toxin (Dysport®)	●	Not recommended for use within NHS Scotland for the treatment of focal spasticity, including arm symptoms associated with focal spasticity, in conjunction with physiotherapy. Dysport® produces a localised reduction in muscle tone in patients with post-stroke upper limb spasticity and can improve patient disability at 16 weeks. It continues to be effective after repeated administrations with no new adverse events apparent. However, patient numbers in the clinical studies were small and the benefits modest. The economic case has not been demonstrated.
Clostridium botulinum neurotoxin type A (Xeomin®)	●	Accepted for the symptomatic management of blepharospasm and cervical dystonia of a predominantly rotational form (spasmodic torticollis) in adults. For both indications, a similar improvement in symptoms has been shown compared to another clostridium botulinum neurotoxin type A.

Colesevelam hydrochloride (Cholestagel),	●	<p>Not recommended for use within NHSScotland for the treatment of:</p> <ul style="list-style-type: none"> - primary hypercholesterolaemia, co-administered with an HMG-CoA reductase inhibitor (statin), as adjunctive therapy to diet to provide an additive reduction in LDL-cholesterol levels in patients not adequately controlled with a statin alone. - as monotherapy as adjunctive therapy to diet for reduction of elevated total and LDL-cholesterol in patients with isolated primary hypercholesterolaemia, in whom a statin is considered inappropriate or is not well tolerated. <p>The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication</p>
Conjugated oestrogen, medroxyprogesterone (Premique Low Dose®)	●	Accepted for general use in NHS Scotland as hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women with an intact uterus.
Conjugated estrogens 0.3mg tablet (Premarin®)	●	Accepted for use within NHS Scotland as hormone replacement therapy for estrogen deficiency symptoms in postmenopausal women.
Creon micro (Creon®)	●	Restricted use. Treatment of pancreatic exocrine insufficiency.

D

Dabigatran etexilate (Paraxial®)	●	<p>Accepted for use for the primary prevention of venous thromboembolic events (VTE) in adult patients who have undergone elective total hip replacement surgery or total knee replacement surgery.</p> <p>In two large phase III studies, in patients undergoing either total knee or total hip replacement surgery, dabigatran was non-inferior to low molecular weight heparin in the incidence of VTE and all cause mortality with patients having a similar incidence of major bleeding events. The two drugs have similar costs per dose but dabigatran has lower administration costs and is an oral therapy. This may facilitate longer duration of thromboprophylaxis, however the risks and benefits of this longer treatment duration need to be considered on a case-by-case basis.</p>
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Daptomycin (Cubicin®)		<p>Accepted for restricted use within NHS Scotland for the treatment of complicated skin and soft tissue infections in adults. Restricted to use in patients with known or suspected <i>methicillin resistant Staphylococcus aureus</i> (MRSA) infection and on the advice of local microbiologists or specialists in infectious disease. Daptomycin 500 mg powder for intravenous infusion: The new strength allows patients weighing over 87.5 kg to be treated with a single 500mg vial at a reduced cost compared to two vials of the 350 mg strength. It has a higher acquisition cost than some alternatives.</p>
		<p>Accepted for restricted use within NHS Scotland for the treatment of <i>Staphylococcus aureus</i> bacteraemia (SAB) when associated with right-sided infective endocarditis (RIE) or with complicated skin and soft-tissue infections in adults. Daptomycin should be restricted to use in patients with known or suspected methicillin-resistant <i>S. aureus</i> (MRSA) infection and on the advice of local microbiologists or specialists in infectious disease.</p>
Darbopoetin alfa (Aranesp® and Aranesp SureClick®)		<p>Not recommended for use within NHSScotland for the treatment of symptomatic anaemia in adult cancer patients with non-myeloid malignancies receiving chemotherapy. The holder of the marketing authorisation has not made a submission to SMC regarding this product in these formulations. As a result we cannot recommend its use within NHSScotland.</p>
Darifenacin (Emselex®)		<p>Accepted for restricted use within NHS Scotland for the symptomatic treatment of urge incontinence and/or increased urinary frequency and urgency as may occur in patients with overactive bladder syndrome. Darifenacin is effective in reducing symptoms associated with overactive bladder, including frequency, urgency and incontinence and the treatment effect is similar to another antimuscarinic. Darifenacin is associated with adverse effects typical of antimuscarinic agents used in this condition. It is restricted to second line use as there are cheaper antimuscarinics available that would normally be used as first-line agents.</p>
Darunavir (Prezista®)		<p>Accepted for use within NHS Scotland, co-administered with ritonavir and in combination with other antiretroviral medicinal products, for the treatment of human immunodeficiency virus (HIV-1) infection in highly pre-treated adult patients who have failed on more than one regimen containing a protease inhibitor (PI). At 24 and 48 weeks, darunavir, in combination with low dose ritonavir, showed a significant improvement in the reduction of viral load compared with other protease inhibitor plus ritonavir regimens.</p>








Decapeptyl™ SR 11.25 mg (Triptorelin acetate)	●	Accepted for general use in NHS Scotland. Treatment of advanced prostate cancer
Deferasirox (Exjade®)	●	Accepted for restricted use within NHS Scotland for the treatment of chronic iron overload associated with the treatment of rare acquired or inherited anaemias requiring recurrent blood transfusions. It is not recommended for patients with myelodysplastic syndromes. Patients with myelodysplastic syndromes, the commonest cause of transfusion-dependent anaemia, were poorly represented in the clinical trial population and the economic case was not demonstrated in this group.
Degarelix (Firmagon®)	●	For the treatment of adult male patients with advanced hormone-dependent prostate cancer. Not recommended for use in Scotland.
Desmopressin (Desmomelt®)	●	Accepted for use within NHS Scotland for the treatment of primary nocturnal enuresis. In patients for whom desmopressin oral lyophilisate is an appropriate choice of therapy, the 240 micrograms oral lyophilisate (DesmoMelt®) is also accepted for use as it offers a higher dose formulation at an equivalent cost to existing formulations.
Desmopressin oral lyophilisate (DDAVP Melt®)	●	Accepted for use in NHS Scotland for the treatment of vasopressin-sensitive cranial diabetes insipidus and in the treatment of post-hypophysectomy polyuria/polydipsia. In patients for whom desmopressin is an appropriate choice of therapy, it offers a sublingual formulation at an equivalent cost to a clinically equivalent dose in a solid oral dose formulation.
Desogestrel (Cerazette®)	●	Restricted use. For those individuals who cannot tolerate oestrogen-containing contraceptives or in whom those preparations are contraindicated.
Diclofenac 1% gel patch (Voltarol Gel Patch®)	●	Not recommended for use for the local symptomatic treatment of pain in epicondylitis and ankle sprain. Diclofenac gel patch provides analgesia similar to that obtained with a topical gel formulation of this drug. However, on a gram per gram basis, patches cost over 40% more than the gel formulation.
Diclofenac (Dyloject®)	●	Accepted for restricted use for the treatment or prevention of post-operative pain by intravenous injection, in supervised healthcare settings. When given as an intravenous bolus, it showed non-inferiority to a comparator non-steroidal anti-inflammatory drug infusion at providing pain relief over an initial 4 hour period and caused less thrombophlebitis. The manufacturer's submission related only to intravenous use of diclofenac (Dyloject®) in the post-operative setting. SMC cannot recommend its use by the intramuscular route.

Docetaxel (Taxotere®)	●	Accepted for use within NHS Scotland in combination with doxorubicin and cyclophosphamide for the adjuvant treatment of operable, node-positive breast cancer. Docetaxel (Taxotere) injection in combination with cisplatin and 5-fluorouracil is not recommended for use within NHSScotland for the treatment of patients with metastatic gastric adenocarcinoma, including adenocarcinoma of the gastroesophageal junction, who have not received prior chemotherapy for metastatic disease. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland.
	●	Accepted for restricted use within NHS Scotland for the induction treatment of patients with unresectable locally advanced squamous cell carcinoma of the head and neck in combination with cisplatin and 5-fluorouracil. It is restricted to patients in whom induction chemotherapy is appropriate. The docetaxel-containing induction regimen was associated with improved progression-free and overall survival, compared with cisplatin and 5-fluorouracil alone, in patients with good performance status.
	●	Accepted for restricted use for the induction treatment of patients with resectable locally advanced squamous cell carcinoma of the head and neck in combination with cisplatin and 5-fluorouracil. It is restricted to patients in whom induction chemotherapy is appropriate. In the pivotal study, which included patients with technically resectable disease, the docetaxel-containing induction regimen was associated with improved overall survival compared with cisplatin and 5-fluorouracil alone.
Donepezil orodispersible tablet (Aricept Evess®)	●	Accepted for use within NHS Scotland for the symptomatic treatment of mild to moderately severe Alzheimer's dementia in patients for whom donepezil is appropriate and who have difficulty in swallowing solid oral dose formulations. It costs the same as standard formulations of donepezil.
Dorzolamide (Trusopt®) preservative-free minims	●	Accepted for restricted use in NHS Scotland for the treatment of elevated intra-ocular pressure in ocular hypertension, open-angle glaucoma and pseudo-exfoliative glaucoma. They are licensed as adjunctive therapy to beta-blockers and as monotherapy in patients unresponsive to betablockers or in whom beta-blockers are contra-indicated. This preparation is substantially more expensive than the equivalent multi-dose eye drop preparation and should be restricted to use in patients for whom dorzolamide is appropriate and who have proven sensitivity to the preservative benzalkonium chloride.
Drospirenone ethinylostradiol (Yasmin®)	●	Not recommended for use within NHS Scotland as a combined oral contraceptive

Duloxetine (Cymbalta®)	●	Accepted for restricted use within NHS Scotland for the treatment of major depressive episodes in accordance with existing guidelines (i.e. in patients who have not responded to or are unable to tolerate initial treatment options). On the basis of the limited comparative data available, duloxetine appears to offer similar efficacy to other antidepressants in this treatment position at a similar cost.
	●	Accepted for restricted use for the treatment of diabetic peripheral neuropathic pain in adults. Duloxetine relieved peripheral neuropathic pain compared with placebo in patients with diabetes. It is restricted to initiation by prescribers experienced in the management of diabetic peripheral neuropathic pain as 2nd or 3rd line therapy.
	●	Not recommended for the treatment of generalised anxiety disorder.
Duloxetine (Yentreve®)	●	Restricted use. For the treatment of moderate to severe stress urinary incontinence (SUI). It should be used only as part of an overall management strategy for SUI in addition to pelvic floor muscle training.
Dutasteride (Adovart®)	●	Recommended for general use within NHS Scotland. Has demonstrated similar efficacy and safety to alternative 5 α -reductase inhibitors in reducing prostate volume in patients with BPH.

E

Eculizumab (Soliris®)	●	Not recommended for use within NHSScotland for the treatment of patients with paroxysmal nocturnal haemoglobinuria (PNH). The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland.
Efalizumab (Raptiva®) 125mg as powder and solvent for 100mg/ml injection	●	Not recommended for use within NHS Scotland for the treatment of adult patients with moderate to severe chronic plaque psoriasis who have failed to respond to, or have a contra-indication to, or are intolerant to other systemic therapies, including ciclosporin, methotrexate and PUVA (photochemotherapy).

Efavirenz 600mg, emtricitabine 200mg, tenofovir disoproxil 245mg as fumarate (Atripla®)		<p>Accepted for use in NHS Scotland for the treatment of human immunodeficiency virus-1 (HIV-1) infection in adults with virologic suppression to HIV-1 RNA levels of < 50 copies/ml on their current combination antiretroviral therapy for more than three months. Patients must not have experienced virological failure on any prior antiretroviral therapy and must be known not to have harboured virus strains with mutations conferring significant resistance to any of the three components contained in this fixed dose combination prior to initiation of their first antiretroviral treatment regimen. It may be used to simplify the regimen of patients for whom this combination is indicated (see above) and in whom all three agents are appropriate components at the doses provided by this fixed dose combination.</p>
Eflornithine 11.5% cream (Vaniqa®)		<p>Following a resubmission (Sept 05), accepted for restricted use within NHS Scotland for the treatment of facial hirsutism in women. It is restricted to use in women for whom alternative drug therapy is ineffective, contra-indicated or considered inappropriate. Eflornithine 11.5% cream, as a topical treatment, may offer advantages over existing therapy for some women as it avoids the risks associated with systemic therapies.</p>
Emtricitabine (Emtriva®)		<p>Accepted for use within NHS Scotland for the treatment of HIV-1 infected adults in combination with other antiretroviral agents. It should be prescribed only by HIV specialists.</p>
Entecavir (Baraclude®)		<p>Accepted for use within NHS Scotland for the treatment of chronic hepatitis B virus infection in adults with compensated liver disease and evidence of active viral replication, persistently elevated serum alanine aminotransferase levels and histological evidence of active inflammation and or fibrosis. Clinical studies have shown that entecavir is more effective than lamivudine in nucleoside naïve HBeAg positive and negative patients and in lamivudine refractory patients.</p>
Epinastine hydrochloride (Relestal®)		<p>Not recommended for use within NHSScotland for the treatment of the symptoms of seasonal allergic conjunctivitis. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication.</p>
Eplerenone (Inspra®)		<p>Accepted for use in Scotland in addition to standard therapy, to reduce the risk of cardiovascular mortality and morbidity between 3-14 days after myocardial infarction (MI) in stable patients with left ventricular dysfunction (left ventricular ejection fraction ≤40%) and clinical evidence of heart failure.</p>
Erdosteine (Erdotin®)		<p>Not recommended for use within NHS Scotland as an expectorant for the symptomatic treatment of acute exacerbations of chronic bronchitis in adults. Evidence for the clinical efficacy of erdosteine is limited and was obtained from studies that do not reflect current practice for the management of chronic obstructive pulmonary disease (COPD) in NHS Scotland. The manufacturer did not present a sufficiently robust clinical or economic case for erdosteine to gain</p>





		acceptance by SMC.
Erlotinib (Tarceva®)	●	Accepted for restricted use within NHS Scotland for the treatment of patients with locally advanced or metastatic non-small cell lung cancer, after failure of at least one prior chemotherapy regimen. When prescribing erlotinib, factors associated with prolonged survival should be taken into account. No survival benefit or other clinically relevant effect of the treatment have been demonstrated in patients with epidermal growth factor receptor (EGFR)-negative tumours. Erlotinib is restricted to use in patients who would otherwise be eligible for treatment with docetaxel monotherapy. No economic case has been made for those whose performance status would make them ineligible to receive docetaxel.

Ertapenem (Invanz®) Paediatric	<p>● Accepted for restricted use within NHS Scotland for the treatment of intraabdominal infections in children and adolescents. Ertapenem should only be used second line for the treatment of the community acquired intra-abdominal infections resistant to the current conventional treatments and under the advice of local microbiologists or specialists in infectious diseases.</p>
Ertapenem for intravenous infusion (Invanz®)	<p>● Accepted for restricted use within NHS Scotland for the treatment of diabetic foot infections of the skin and soft tissue when caused by bacteria known or very likely to be susceptible to ertapenem and where broad spectrum parenteral therapy is appropriate. It is restricted to use by specialists managing diabetic foot infection or on the advice of a microbiologist. Ertapenem showed non-inferiority to a penicillin/beta-lactamase inhibitor combination in the pivotal trial. Although ertapenem has a greater acquisition cost than some treatment options, its once-daily dosing regimen may allow changes in service delivery that have individual patient or organisational benefits. Efficacy of ertapenem in the treatment of diabetic foot infection with concurrent osteomyelitis has not been established.</p>
	<p>● Accepted for restricted use within NHS Scotland for the prophylaxis of surgical site infection following elective colorectal surgery in adults. It is effective in reducing the incidence of surgical site infection, although there are currently no comparisons with regimens used in Scotland. It is restricted to use in line with local antimicrobial policies and Microbiologist advice.</p>
Escitalopram (Cipralextm®)	<p>● Accepted for general use in the treatment of major depressive disorders within NHS Scotland. Escitalopram has been shown to be as effective as citalopram in short-term use and the health economic model submitted suggests that it is also cost-effective. However, the resource usage assumptions and clinical evidence underpinning the model are not robust and no clear benefits are demonstrated over the parent product - citalopram or other effective and cheaper agents.</p>
	<p>● Accepted for use within NHSScotland for the treatment of generalised anxiety disorder in situations where pharmacological therapy is appropriate. Escitalopram shows similar efficacy to the other selective serotonin re-uptake inhibitor licensed for this treatment.</p>
	<p>● Not recommended for use within NHS Scotland for treatment of obsessive compulsive disorder.</p>
	<p>● Not recommended for use within NHSScotland for the treatment of social anxiety disorder. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland.</p>


Esomeprazole intravenous formulation (Nexium IV®)	●	Accepted for general use as an alternative to oral therapy when oral intake is not appropriate for the treatment of gastroesophageal reflux disease in patients with esophagitis and/or severe symptoms of reflux
Esomeprazole (Nexium®) tablets	●	Not recommended for use within NHS Scotland for the prevention of gastric and duodenal ulcers associated with non-steroidal anti-inflammatory (NSAID) therapy in patients at risk. When compared to placebo, esomeprazole reduces the rate of gastro-duodenal ulcers associated with NSAID therapy in at-risk patients. There are no comparisons of esomeprazole with other proton pump inhibitors for this indication.
	●	Not recommended for use within NHS Scotland for the healing of gastric ulcers associated with non-steroidal anti-inflammatory drug (NSAID) therapy. In the treatment of gastric ulcers associated with NSAID therapy, esomeprazole produced greater healing rates than a histamine-H2 antagonist. However, there are no comparisons of esomeprazole with other proton pump inhibitors for this indication.
	●	Accepted for restricted use within NHS Scotland, for patients in the age group 12-17 years inclusive, for the treatment of erosive reflux oesophagitis, the long-term management of patients with healed oesophagitis to prevent relapse, and the symptomatic treatment of gastro-oesophageal reflux disease. The use of esomeprazole for this indication and age group should be restricted to patients in whom maximum licensed doses of generic proton pump inhibitors have been ineffective. The pharmacokinetics of esomeprazole in adolescents have been shown to be similar to those seen in adults; there is no evidence of comparative efficacy in adolescents in this indication.
	●	Accepted for use within NHS Scotland for the treatment of Zollinger-Ellison Syndrome. Other proton pump inhibitors are available for this indication at a lower cost per treatment period.
Qlaira® estradiol/dienogest	●	Not recommended for use as an oral contraceptive.
Estradiol & levonorgesteral patches (FemSeven Conti®)	●	Accepted for general use for continuous combined hormone replacement therapy (HRT) for the treatment of oestrogen deficiency symptoms in postmenopausal women more than one year after menopause.
Estradiol & levonorgesteral patches (FemSeven Sequi®)	●	Accepted for general use as sequential combined hormone replacement therapy (HRT) for the treatment of oestrogen deficiency symptoms in postmenopausal women.

1 mg estradiol / 2 mg drospirenone (Angeliq®)e	●	Not recommended for use for prevention of osteoporosis in postmenopausal women at high risk of future fractures who are intolerant of, or have contra-indications to, other medicinal products approved for the prevention of osteoporosis.
	●	Not recommended for use as hormone replacement therapy for oestrogen deficiency symptoms in postmenopausal women more than 1 year post-menopause. It is effective in reducing the frequency of hot flushes and other symptoms of the menopause but comparative data versus other low dose continuous combined treatment are lacking. The cost-effectiveness has not been demonstrated and there are cheaper alternatives.
Etanercept (Enbrel®)	●	Accepted for general use for the treatment of active and progressive psoriatic arthritis in adults.
	●	Accepted for use within NHS Scotland for the treatment of patients with rheumatoid arthritis for whom treatment with etanercept is considered appropriate. Etanercept is indicated for the treatment of moderate to severe active rheumatoid arthritis in adults, either alone or in combination with methotrexate when the response to disease-modifying antirheumatic drugs, including methotrexate (unless contraindicated), has been inadequate or for the treatment of severe, active and progressive rheumatoid arthritis in adults not previously treated with methotrexate.
	●	Accepted for restricted use for the treatment of adults with severe active ankylosing spondylitis who have had an inadequate response to conventional therapy. It is restricted to use in accordance with the British Society for Rheumatology (BSR) guidelines of July 2004. Etanercept improves signs and symptoms, physical function and quality of life in patients with severe active ankylosing spondylitis. It reduces acute spinal inflammation, but there is no radiological evidence that it decreases joint damage. An economic evaluation, including an assumption that etanercept reduces disease progression, demonstrated that it is a cost-effective treatment option when used in accordance with the BSR guidelines and where clear and rigorous stopping rules are applied. The 50mg formulation facilitates once weekly administration of etanercept at no additional cost over the existing 25mg formulation that is administered twice weekly.







	<p>● Accepted for restricted use for the treatment of chronic severe plaque psoriasis in children and adolescents from the age of 8 years who are inadequately controlled by, or are intolerant to, other systemic therapies or phototherapies.</p> <p>It should be used only when the following criteria are met:</p> <ul style="list-style-type: none"> ● 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 psoriasis has failed to respond to standard systemic therapies including ciclosporin, methotrexate and PUVA (psoralen and long-wave ultraviolet radiation); ● or the person is intolerant to, or has a contraindication to, these treatments; ● Etanercept treatment should be discontinued in patients whose psoriasis has not responded adequately at 12 weeks. <p>Etanercept has previously been accepted for use in this indication in adults in NHS Scotland as NHS QIS advised that NICE Multiple Technology Appraisal No 103 is valid for Scotland. Etanercept is also listed in the British National Formulary for Children as one of a number of drugs affecting the immune response available for treatment of severe refractory psoriasis</p>
<p>Etonogestrel / ethinylestradiol vaginal ring (NuvaRing®)</p>	<p>● On resubmission - accepted for contraception.</p> <p>Results from two randomised phase III clinical studies indicate that the contraceptive efficacy of NuvaRing® is similar to that of two combined oral contraceptives. NuvaRing® produces good cycle control and user acceptability. Cost-effectiveness has been demonstrated in women who chose to discontinue oral contraceptives. <i>Other non-oral contraceptives are available at lower cost.</i></p>
<p>Etoricoxib (Arcoxia®)</p>	<p>● Accepted for use in NHS Scotland for the symptomatic relief of osteoarthritis, rheumatoid arthritis and the pain and signs of inflammation associated with gouty arthritis, in patients for whom the use of etoricoxib is appropriate, taking account of current advice on the place in therapy of specific inhibitors of cyclo-oxygenase-2 (COX-2).</p> <p>● Not recommended for use for the treatment of ankylosing spondylitis.</p>
<p>Everolimus (Afinitor®)</p>	<p>● Not recommended for use within NHS Scotland for the treatment of patients with advanced renal cell carcinoma, whose disease has progressed on or after treatment with vascular endothelial growth factor (VEGF)-targeted therapy. The manufacturer's justification of the treatment's cost in relation to its health benefits was not sufficient to gain acceptance by SMC</p>

Exemestane (Aromasin®)		Accepted for restricted use for the adjuvant treatment of postmenopausal women with oestrogen receptor positive invasive early breast cancer, following 2–3 years of initial adjuvant tamoxifen therapy. Exemestane has shown benefit in terms of disease-free survival when given as an alternative to tamoxifen after initial adjuvant treatment with tamoxifen for 2-3 years. It offers an alternative to tamoxifen after initial adjuvant treatment with tamoxifen for 2-3 years and has a different adverse effects profile. Treatment with exemestane is restricted to initiation by a breast cancer specialist. D&G Formulary ✓
Exenatide (Byetta®)		Accepted for restricted use within NHS Scotland for the treatment of type 2 diabetes mellitus in combination with metformin and/or sulphonylureas in patients who have not achieved adequate glycaemic control on maximally tolerated doses of these oral therapies. It has shown non-inferiority to two insulin regimens with which it has been compared and has a beneficial effect on weight. It is restricted to use as an alternative to insulin in patients who have failed treatment on metformin and/or sulphonylureas and in whom insulin would be the next treatment option.
Ezetimibe (Ezetrol®)		Restricted use, in combination with a statin for patients who have failed to reach target cholesterol levels despite treatment with titrated/optimised statins alone. D&G Formulary ✓
Ezetimibe/simvastatin (Inegy®)		Accepted for restricted use in NHS Scotland only for patients who have failed to achieve target cholesterol levels after titration and optimisation of statin monotherapy and where the combination of ezetimibe 10mg and simvastatin 20mg, 40mg or 80mg is appropriate.

F

Fentanyl buccal tablets (Effentora®)		Accepted for restricted use for the treatment of breakthrough pain (BTP) in adults with cancer who are already receiving maintenance opioid therapy for chronic cancer pain. When compared with placebo, the tablets showed an improvement in patient assessment of the intensity of breakthrough pain. Use of fentanyl buccal tablets should be restricted to patients who are unsuitable for other short-acting opioids e.g. oral morphine. Prescribers should be aware of the differing absorption and elimination characteristics of available buccal fentanyl preparations; doses are not interchangeable.
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Fentanyl sublingual tablets (Abstral®)	●	Accepted for restricted use for the management of breakthrough pain in adult patients using opioid therapy for chronic cancer pain. Use of sublingual fentanyl tablets should be restricted to patients who are unsuitable for other short-acting opioids e.g. oral morphine. This product offers an alternative to buccal administration at a reduced cost per administration. Prescribers should be aware of the differing absorption and elimination characteristics of available oral fentanyl preparations; doses are not interchangeable.
Fentanyl transdermal patches (Durogesic®)	●	Restricted use, should be considered as a second-line alternative for patients with intractable pain due to non-malignant conditions.
Transdermal fentanyl patch (Durogesic D Trans ®)	●	Accepted for restricted use for patients with chronic intractable pain due to non-malignant conditions. It should be considered as a second-line alternative, reserved for patients whose pain has initially been controlled by oral means, the pain being stable. Its use should focus on patients who have difficulty swallowing or have problems with opiate-induced constipation. SMC has not assessed transdermal fentanyl in its original indication for intractable pain due to cancer. Note that, although the new formulation is the same price as the previous patches, it remains significantly more expensive than oral therapy.
Fentanyl nasal spray (Instanyl®)	●	Accepted for restricted use for the management of breakthrough pain in adults already receiving maintenance opioid therapy for chronic cancer pain. In an open-label comparative study intranasal fentanyl was superior to another fentanyl formulation used in the treatment of breakthrough pain in terms of time to onset of pain relief, although more episodes using the intranasal formulation required a second dose. Use of fentanyl nasal spray should be restricted to patients who are unsuitable for other short-acting oral opioids (e.g. oral morphine) as an alternative to other buccal and sublingual fentanyl preparations. It should be noted that the doses of fentanyl nasal spray are significantly lower than doses of fentanyl given by other routes of administration for this indication.
Fesoterodine fumarate prolonged release tablets (Toviaz®)	●	Accepted for restricted use for treatment of the symptoms (increased urinary frequency and/or urgency and/or urgency incontinence) that may occur in patients with overactive bladder syndrome. Fesoterodine is effective in reducing symptoms associated with overactive bladder syndrome without a neurological cause and was of equivalent efficacy to a comparator antimuscarinic agent in one study. Fesoterodine is associated with adverse effects typical of antimuscarinic agents used in this condition. It is restricted to second-line use as there are cheaper antimuscarinics available that would normally be used as first-line agents.

Flecainide capsules (Tambocor XL®)		<p>Accepted for use for the treatment of AV nodal reciprocating tachycardia, arrhythmias associated with Wolff-Parkinson-White Syndrome and similar conditions with accessory pathways; paroxysmal atrial fibrillation in patients with disabling symptoms when treatment need has been established and in the absence of left ventricular dysfunction. Arrhythmias of recent onset will respond more readily. The capsules can be used for the maintenance of normal rhythm following conversion by other means. Patients for whom the use of flecainide is appropriate and who are controlled on 200mg daily using the immediate release formulation may be transferred to one 200mg XL capsule with the benefit of once-daily rather than twice-daily dosing at reduced cost.</p>
Fludarabine tablets (Fludara®)		<p>Accepted for the treatment of B-cell chronic lymphocytic leukaemia (CLL) in patients with sufficient bone marrow reserves. First line treatment should only be initiated in patients with advanced disease, Rai stages III/IV (Binet stage C), or Rai stages I/II (Binet stage A/B) where the patient has disease related symptoms or evidence of progressive disease. Fludarabine phosphate has been associated with higher response rates than chlorambucil in clinical trials. No overall survival advantage over other therapies has been demonstrated. Fludarabine is restricted to use by specialists in haemato-oncology.</p>
Fluticasone furoate, 27.5 micrograms /actuation nasal spray (Avamys®)		<p>Accepted for use. For the treatment of the symptoms of allergic rhinitis in adults, adolescents (12 years and over) and children (6 to 11 years).</p>
Fluticasone/salmeterol (Seretide 50 Evohaler®)		<p>Accepted for general use in NHS Scotland for the treatment of patients with severe chronic obstructive pulmonary disease.</p>
Fluticasone/salmeterol (Seretide Accuhaler®)		<p>Accepted for general use in NHS Scotland for the treatment of patients with severe chronic obstructive pulmonary disease.</p>
Salmeterol/fluticasone 50/500 microgram inhaler (Seretide 500 Accuhaler)		<p>Not recommended for use within NHS Scotland for the symptomatic treatment of patients with chronic obstructive airways disease (COPD) with a forced expiratory volume in 1 second (FEV1) 50% to <60% predicted normal (pre-bronchodilator) and a history of repeated exacerbations, who have significant symptoms despite regular bronchodilator therapy. While there was an improvement in lung function tests and a reduction in both moderate and severe exacerbations with salmeterol/fluticasone in comparison with placebo, there was no difference in mortality rate over 3 years. In addition, the manufacturer did not present a sufficiently robust economic case to gain acceptance by SMC.</p>

Fluvastatin (Lescol®)	●	Restricted use, for the secondary prevention of coronary events after percutaneous coronary angioplasty (PCI).
Follitropin alfa 150 IU/ lutropin alfa 75 IU solution for injection (Pergoveris®)	●	Accepted for use within NHS Scotland for stimulation of follicular development in women with severe LH and FSH deficiency. In clinical trials, these patients were defined by an endogenous serum LH level <1.2 IU/l.
Fondaparinux (Arixtra®)	●	Not recommended for use within NHSScotland for the prevention of venous thromboembolic events (VTE) in medical patients who are judged to be at high risk of VTE and who are immobilised due to acute illness, such as cardiac insufficiency and/or acute respiratory disorders, and/or acute infections or inflammatory disease. Not recommended for use within NHSScotland for the treatment of acute deep vein thrombosis (DVT) and the treatment of acute pulmonary embolism (PE). The marketing authorisation holder has not made submissions to SMC regarding this product in these indications.
	●	Not recommended for use within NHS Scotland for the prevention of venous thromboembolic events (VTE) in patients undergoing abdominal surgery who are judged to be at high risk of thromboembolic complications, such as those undergoing abdominal cancer surgery. Fondaparinux showed non-inferiority to one other low molecular weight heparin in preventing VTE in patients undergoing abdominal surgery.
	●	Accepted for use within NHS Scotland for the treatment of unstable angina or non-ST segment elevation myocardial infarction in patients for whom urgent (<120minutes) invasive management (Percutaneous Coronary Intervention) is not indicated. Fondaparinux was shown to be non-inferior to a low molecular weight heparin in preventing death, myocardial infarction or refractory ischaemia in the nine days following onset of symptoms. Fondaparinux also had a significantly lower major bleeding event rate than a low molecular weight heparin.
	●	Accepted for use within NHS Scotland for the treatment of ST segment elevation myocardial infarction (STEMI) in patients who are managed with thrombolytics or who initially are to receive no other form of reperfusion therapy. Fondaparinux significantly reduced mortality and reinfarction during the 30 days following onset of symptoms compared to placebo and was not associated with an increased risk of bleeding.
Formoterol (Atimos Modulite®) metered dose	●	Accepted for use in NHS Scotland for the long-term symptomatic treatment of persistent, moderate to severe asthma in patients requiring regular bronchodilator therapy in combination with long-term anti-inflammatory therapy (inhaled and/or oral glucocorticoids).

inhaler	●	Accepted for use in NHS Scotland for the relief of broncho-obstructive symptoms in patients with chronic obstructive pulmonary disease (COPD).
Formoterol inhalation powder (Easyhaler® Formoterol)	●	Accepted for use within NHS Scotland for the treatment of asthma in patients treated with inhaled corticosteroids and who also require a long-acting beta2-agonist in accordance with current treatment guidelines; and for the relief of reversible airways obstruction in patients with chronic obstructive pulmonary disease (COPD) and requiring long-term bronchodilator therapy. It should be used in patients for whom formoterol is an appropriate choice of long-acting beta2-agonist and a dry powder inhaler is an appropriate delivery device. It costs less than other inhalers delivering similar doses of formoterol.
Fosamprenavir (Telzir ®)	● ●	In combination with low dose ritonavir is accepted for use within NHS Scotland for the treatment of Human Immunodeficiency Virus Type 1 (HIV-1) infected adults in combination with other antiretroviral medicinal products. It should be prescribed by HIV specialists only. Fosamprenavir (Telzir) in combination with low dose ritonavir is not recommended for use within NHSScotland for the treatment of Human Immunodeficiency Virus Type 1 (HIV-1) infected adolescents and children of 6 years and above in combination with other antiretroviral medicinal products. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland.
Frovatriptan (Migard®)	●	Accepted for general use in NHS Scotland for treatment of the headache phase of migraine attacks with or without aura.

G

Galantamine hydrobromide (Reminyl XL®) prolonged-release capsules	●	Accepted for use for the treatment of mild-to-moderately severe dementia in Alzheimer's disease in patients for whom therapy with galantamine is appropriate. It allows the reduction of dosing frequency to once daily and, at a given dose, involves no additional cost compared with immediate-release formulations of galantamine.
Glucosamine (as hydrochloride) (Alateris®)	●	Not recommended for relief of symptoms in mild to moderate osteoarthritis of the knee. No direct clinical trial evidence of the efficacy and safety of this specific product is available. Randomised controlled trials of other formulations of glucosamine hydrochloride indicate little or no benefit over placebo in improving symptoms in patients with osteoarthritis of the knee. In

		addition, the manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.
Glyceryl trinitrate rectal ointment (Rectogesic ®)	●	On resubmission - Not recommended for the relief of pain associated with chronic anal fissure. It was associated with improvements in pain scores compared with vehicle but the treatment effect was small. The economic case was not demonstrated.
Standardised allergen extract of grass pollen 75,000 per oral lyophilisate (Grazax®)	●	Not recommended for use within NHS Scotland for the treatment of grass pollen induced rhinitis and conjunctivitis in adult patients with clinically relevant symptoms and diagnosed with a positive skin prick test and/or specific IgE test to grass pollen. The place in the treatment of seasonal allergic rhinitis, the patient population and the long-term benefits of Grazax® still have to be fully established as evidence from only the first year of a three-year treatment programme has been published. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC. The licence holder has indicated their decision to resubmit. On resubmission is not recommended for use within NHS Scotland for the treatment of grass pollen induced rhinitis and conjunctivitis in adult patients with clinically relevant symptoms and diagnosed with a positive skin prick test and/or specific IgE test to grass pollen. Although modest clinical benefit has been shown, the manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.

H

Histrelin (Vantas®) subcutaneous implant	●	For palliative treatment of advanced prostate cancer. Histrelin is restricted to use in patients with an anticipated life expectancy of at least one year in whom annual administration will offer advantages. In a single-arm study, histrelin provided effective suppression of testosterone levels in patients with advanced prostate cancer. It requires less frequent administration than other leutenising hormone releasing hormone (LHRH) agonists. Other LHRH agonists are available at a lower acquisition cost. Accepted for restricted use within NHS.
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I

Ibandronic acid (Bonviva®)	●	(Oral formulation) Accepted for restricted use within NHS Scotland for the treatment of osteoporosis in postmenopausal women, in order to reduce the risk of vertebral fractures. Efficacy on femoral neck fractures has not been established.
	●	Intravenous ibandronic acid is restricted to use in patients who are unsuitable for or unable to tolerate oral treatment options for osteoporosis. Treatment initiation should be under specialist supervision.
Icatibant (Firazyr®)	●	Not recommended for the symptomatic treatment of acute attacks of hereditary angioedema in adults (with C1-esterase-inhibitor deficiency). Icatibant treatment resulted in symptom relief in patients suffering acute abdominal, cutaneous and/or laryngeal attacks of hereditary angioedema. However, the manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.
Iloprost trometamol nebuliser solution (Ventavis®)	●	Accepted for restricted use for the treatment of patients with New York Heart Association Class III primary pulmonary hypertension as a second-line treatment where bosentan is ineffective or is not tolerated. It is an orphan product and efficacy data are very limited. Iloprost should also be restricted to use only as an alternative in patients receiving other forms of prostacyclin treatment. It is not recommended for patients who would not otherwise have received prostacyclin treatment because it is not cost effective in this situation. It is further restricted only to use by Specialists working in the Scottish Pulmonary Vascular Unit
Imatinib (Glivec®)	●	Not recommended for use within NHSScotland for the treatment of adult patients with relapsed or refractory Philadelphia chromosome positive acute lymphoblastic leukaemia (Ph+ ALL) as monotherapy. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland.
	●	Not recommended for use within NHSScotland for the treatment of adult patients with newly diagnosed Philadelphia chromosome positive acute lymphoblastic leukaemia (PH + ALL) in combination with chemotherapy. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland.
	●	Not recommended for use within NHSScotland for the treatment of adult patients with myelodysplastic/myeloproliferative diseases (MDS/MPD) associated with platelet -derived growth factor receptor (PDGFR) gene re-arrangements. The holder of the marketing authorisation has

	<ul style="list-style-type: none"> ● not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland. ● Not recommended for use within NHSScotland for the treatment of adult patients with advanced hypereosinophilic syndrome (HES) and/or chronic eosinophilic leukaemia (CEL) with FIP1L1-PDGFRα rearrangement. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland. ● Not recommended for use within NHSScotland for the treatment of adult patients with unresectable dermatofibrosarcoma protuberans (DFSP) and adult patients with recurrent and/or metastatic DFSP who are not eligible for surgery. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland. ● Not recommended for the adjuvant treatment of adult patients who are at significant risk of relapse following resection of Kit (CD117)-positive gastrointestinal stromal tumours (GIST).
Imiquimod 5% (Aldara®)	● Accepted for restricted use within NHS Scotland for the topical treatment of small superficial Basal Cell Carcinoma in adult patients in whom standard treatment with surgery or cryotherapy is contraindicated. Its use should be supervised by specialists in dermatology.
	● On resubmission in May 2008 - Accepted for restricted use for the topical treatment of clinically typical, nonhyperkeratotic, nonhypertrophic actinic keratoses on the face or scalp in immunocompetent adult patients when size or number of lesions limit the efficacy and/or acceptability of cryotherapy and other topical treatment options are contraindicated or less appropriate. It should be restricted to use in patients after specialist advice. Imiquimod was more effective than vehicle in clearing actinic keratosis lesions
Infliximab (Remicade®)	● Accepted for restricted use for the treatment of ankylosing spondylitis in patients who have severe axial symptoms, elevated serological markers of inflammatory activity and who have responded inadequately to conventional therapy.

	<p>● Accepted for restricted use within NHS Scotland for the treatment of severe plaque psoriasis in adults who failed to respond to, or who have a contraindication to, or are intolerant of other systemic therapy including ciclosporin, methotrexate or psoralen ultraviolet A (PUVA). Infliximab, compared to placebo, improves both signs and symptoms of psoriasis and quality of life in adults with plaque psoriasis. The economic case was demonstrated when used for patients with severe psoriasis who achieve a PASI 75 response or a 50% reduction in PASI and a 5 point reduction in DLQI from baseline at 10 weeks. It is one of several biologic interventions for the treatment of plaque psoriasis, some of which have lower drug acquisition costs.</p>
	<p>● Not recommended for use within NHS Scotland for maintenance treatment of severe, active Crohn's disease, in patients who have not responded despite a full and adequate course of therapy with a corticosteroid and/or an immunosuppressant; or who are intolerant to or have medical contraindications for such therapies. Infliximab for the treatment of acute severe, active Crohn's disease was approved by NICE in 2002. Infliximab maintenance treatment, compared to placebo, is associated with higher rates of clinical remission and a longer time to loss of response in patients with active Crohn's disease. The manufacturer did not present a sufficiently robust economic case to gain acceptance by SMC.</p>
	<p>● Not recommended for use within NHS Scotland for maintenance treatment of fistulising, active Crohn's disease, in patients who have not responded despite a full and adequate course of therapy with conventional treatment (including antibiotics, drainage and immunosuppressive therapy). Infliximab was not approved by NICE in 2002 for patients with fistulating Crohn's disease who do not have the other criteria for severe active Crohn's disease. Infliximab maintenance treatment, compared to placebo, was associated with a longer time to loss of fistula response in patients with fistulising Crohn's disease. The manufacturer's justification of the treatment cost in relation to its health benefits was not sufficient to gain acceptance by SMC.</p>
	<p>● Accepted for the treatment of severe, active Crohn's disease, in paediatric patients aged 6 to 17 years, who have not responded to conventional therapy including a corticosteroid, an immunomodulator and primary nutrition therapy; or who are intolerant to or have contraindications for such therapies.</p>
<p>Insulin soluble (Exubera®)</p>	<p>● Not recommended for use within NHS Scotland for the treatment of adult patients with type 2 diabetes mellitus not adequately controlled with oral antidiabetic agents and requiring insulin therapy or for the treatment of adult patients with type 1 diabetes mellitus, in addition to long or intermediate acting subcutaneous insulin, for whom the potential benefits of adding inhaled insulin</p>

		outweigh the potential safety concerns
Insulin detemir (Levemir®)	● ✓	Restricted use. Basal insulin for patients with diabetes mellitus, targeted on patients attempting to achieve better hypoglycaemic control. D&G Formulary ✓
Insulin detemir (Levemir®) for injection via the InnoLet® device	●	Accepted for restricted use within NHS Scotland for treatment of diabetes mellitus in patients for whom insulin detemir is an appropriate choice of insulin and who have poor visual acuity and dexterity problems. The Scottish Medicines Consortium has previously advised that insulin detemir should be restricted to patients attempting to achieve better hypoglycaemic control as there may be some benefit related to a reduced intra-individual variation in glycaemic profile for insulin detemir compared with established insulins.
Insulin Glargine (Lantus®)	● ✓	Restricted use, targeted on patients who are at risk or experience unacceptable frequency and/or severity of nocturnal hypoglycaemia on attempting to achieve better hypoglycaemic control during treatment with established insulins. D&G Formulary ✓
Insulin glargine 100 units/ml solution for injection in a pre-filled pen (Lantus® SoloStar®)	● ✓	Accepted for restricted use in the treatment of adults, adolescents and children of 6 years or above with diabetes mellitus, where treatment with insulin is required. It may be used in patients in whom treatment with this insulin analogue is appropriate and in whom the use of a pre-filled pen offers advantages over a pen and cartridge device. The use of insulin glargine should be targeted on patients with Type I diabetes who are at risk of or experience unacceptable frequency and/or severity of nocturnal hypoglycaemia on attempting to achieve better hypoglycaemic control during treatment with established insulins. It is also acceptable as a once daily insulin therapy for patients who require carer administration of their insulin. In patients with type 2 diabetes it should be restricted to those who suffer from recurrent episodes of hypoglycemia or require assistance with their insulin injections. . D&G Formulary ✓
Insulin glulisine (Apidra®)	●	Accepted for the treatment of adult patients with diabetes mellitus in whom treatment with a short-acting insulin analogue is appropriate. Insulin glulisine has similar efficacy to other short-acting insulins in reducing glycated haemoglobin and a similar pharmacokinetic profile to at least one other insulin analogue. It is restricted to use in patients where regular human insulin is inappropriate.

	●	Accepted for restricted use for the treatment of adolescents and children, 6 years or older with diabetes mellitus, where treatment with insulin is required and for whom the use of a short-acting insulin analogue is appropriate. Insulin glulisine has a similar efficacy to other short-acting insulins in reducing glycated haemoglobin and a similar pharmacokinetic profile to at least one other insulin analogue. It is restricted to use in patients where soluble human insulin is inappropriate.
Insulin glulisine 100 units/ml solution for injection in a pre-filled pen (Apidra® Solostar®)	●	Accepted for restricted use for the treatment of adult patients with diabetes mellitus in whom treatment with this insulin analogue is appropriate and in whom the use of a pre- filled pen offers advantages over a pen and cartridge device. Insulin glulisine has similar efficacy to other short-acting insulins in reducing glycated haemoglobin and a similar pharmacokinetic profile to at least one other insulin analogue. It is restricted to use in patients where regular human insulin is inappropriate..
Insulin lispro (Humalog® KwikPen)	●	Accepted for the treatment of adults and children with diabetes mellitus who require insulin for maintenance of normal glucose homeostasis, and for the initial stabilisation of diabetes mellitus. It may be used in patients for whom treatment with this short-acting insulin analogue is appropriate.
Insulin lispro (Humalog® Mix25 KwikPen) and insulin lispro (Humalog® Mix50 KwikPen)	●	Accepted for the treatment of patients with diabetes mellitus who require insulin for maintenance of normal glucose homeostasis, for whom treatment with this biphasic insulin analogue is appropriate.
Interferon beta-1b (Betaferon®)	●	Not recommended for use within NHS Scotland for the treatment of patients with a single demyelinating event with an active inflammatory process, severe enough to warrant treatment with intravenous corticosteroids, where alternative diagnoses are excluded and who are determined to be at high risk of developing clinically definite multiple sclerosis. Although interferon beta-1b has been found to increase the time to clinically definite multiple sclerosis over 2 years, the long-term effect on the disease process remains unknown. The economic case has not been demonstrated.
Irbesartan (Aprovel®)	●	Restricted use. Irbesartan should be considered, along with other angiotensin II antagonists licensed for diabetic renal disease, as an alternative in patients unable to tolerate an ACE inhibitor.

Ivabradine (Procoralan®)	<ul style="list-style-type: none"> ● Accepted for restricted use within NHS Scotland for the symptomatic treatment of chronic stable angina pectoris in patients with normal sinus rhythm for whom heart rate control is desirable and who have a contra-indication or intolerance for beta-blockers and rate-limiting calcium-channel blockers. Non-inferiority of ivabradine versus a beta blocker and a calcium-channel blocker was shown in two controlled trials. Long-term protection against cardiovascular events, however, has not been demonstrated.
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K

Ketotifen hydrogen fumarate (Zaditen®)	<ul style="list-style-type: none"> ● Not recommended for use within NHS Scotland for the symptomatic treatment of seasonal allergic conjunctivitis.
Ketoprofen/omeprazole 100MG/20MG; 200MG/20MG Modified release capsules (Axorid®)	<ul style="list-style-type: none"> ● Not recommended for use within NHS Scotland for the symptomatic treatment of rheumatoid arthritis, ankylosing spondylitis and osteoarthritis in patients with a previous history or who are at risk of developing NSAID associated gastric ulcers, duodenal ulcers and gastroduodenal erosions in whom continued treatment with ketoprofen is essential.

L

Lacosamide (Vimpat®)	●	Accepted for restricted use as adjunctive therapy in the treatment of partial-onset seizures with or without secondary generalisation in patients with epilepsy aged 16 years and older. The proportion of responders was significantly greater with adjunctive lacosamide treatment compared to placebo. Lacosamide use is restricted to patients with refractory epilepsy and treatment should be initiated by physicians who have appropriate experience in the treatment of epilepsy.
Lanreotide (Somatuline® LA)	●	Not recommended for use for the treatment of thyrotrophic adenomas when the circulating level of thyroid stimulating hormone remains inappropriately high after surgery and/or radiotherapy. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHS Scotland.
Lansoprazole oro-dispersible tablet (Zoton FasTab®)	●	Accepted for use in NHS Scotland, in combination with appropriate antibiotics, for the eradication of Helicobacter pylori from the upper gastrointestinal tract in patients with ulcer-like dyspepsia in whom Helicobacter pylori infection has been demonstrated. The standard formulation of lansoprazole also has this indication.
Lanthanum carbonate (Fosrenol®)	●	Accepted for restricted use within NHS Scotland as a phosphate-binding agent for use in the control of hyperphosphataemia in chronic renal failure patients on haemodialysis or continuous ambulatory peritoneal dialysis. Lanthanum carbonate is as effective as calcium carbonate in reducing phosphate to target levels. It is restricted to use as a second-line agent in patients where a non-aluminium, noncalcium phosphate binder is required.
Laronidase (Aldurazyme®)	●	Not recommended for use for the treatment of mucopolysaccharidosis I.
Latanoprost (Xalatan®)	● ✓	Restricted use. Treatment of raised intraocular pressure (IOP) in patients with ocular hypertension or open-angle glaucoma. D&G Formulary ✓
latanoprost, timolol (Xalacom®)	●	Accepted for use within NHS Scotland for reduction of intraocular pressure in patients with open angle glaucoma and ocular hypertension who are insufficiently responsive to topical beta-blockers or prostaglandin analogues. This abbreviated submission relates to a licence extension to cover use of this medicine in patients insufficiently responsive to a prostaglandin analogue used alone. Xalacom® is suitable for patients in whom timolol and latanoprost are appropriate choices of beta-blocker and prostaglandin analogue respectively. It costs less than the individual preparations.
Lenalidomide (Revlimid®)	●	Not recommended in combination with dexamethasone for the treatment of multiple myeloma in patients who have received at least one prior therapy. Lenalidomide plus dexamethasone significantly increased the time to disease progression compared with dexamethasone alone in multiple myeloma patients who

		had been treated with at least one prior therapy. The manufacturer did not present a sufficiently robust case and in addition the manufacturer's justification of the treatment's cost in relation to its health benefits was not sufficient to gain acceptance by SMC. The licence holder has indicated their intention to resubmit.
Lercanidipine (Zanidip®)	●	Accepted for use in NHS Scotland for the treatment of mild to moderate essential hypertension in patients for whom this is an appropriate antihypertensive agent. The new 20mg strength allows a reduction in the number of tablets administered at the maximum dose, at a reduced cost compared with the formulation available previously.
Letrozole (Femara®)	● ✓	Accepted for general use in NHS Scotland. Treatment of invasive early breast cancer in postmenopausal women who have received prior standard adjuvant tamoxifen therapy. D&G Formulary ✓
	● ✓	Accepted for restricted use within NHS Scotland for the adjuvant treatment of postmenopausal women with hormone receptor positive invasive early breast cancer. Letrozole has shown benefit over standard anti-oestrogen therapy in terms of disease-free survival, although a pre-planned sub-group analysis showed a statistically significant beneficial effect in node-positive patients but not node-negative patients. It offers an alternative to existing treatment and has a different range of adverse effects. Another aromatase inhibitor is available for the same indication at a lower cost. Treatment with letrozole should be initiated by a breast cancer specialist. D&G Formulary ✓
Levetiracetam (Keppra®) Concentrate for infusion	●	Accepted for use in NHS Scotland as adjunctive therapy in the treatment of partial onset seizures with or without secondary generalisation in adults and children from 4 years of age with epilepsy. It is an alternative when oral administration is temporarily not feasible in patients for whom levetiracetam is an appropriate anticonvulsant. Intravenous infusion is associated with a greater cost per dose.
Levetiracetam (Keppra®) 750mg film-coated tablets Levetiracetam (Keppra®) 100mg/ml oral solution	●	Keppra solution are accepted for restricted use. An additional dosage form for adjunctive therapy in the treatment of partial onset seizures with or without secondary generalisation in patients for whom therapy is appropriate.
	●	Keppra 750mg tablets are accepted for restricted use. An additional dosage form for adjunctive therapy in the treatment of partial onset seizures with or without secondary generalisation in patients for whom therapy is appropriate.
	●	On resubmission - levetiracetam (Keppra®) is accepted for use within NHS Scotland as adjunctive therapy in the treatment of myoclonic seizures in adults and adolescents from 12 years of age with Juvenile Myoclonic Epilepsy. In the pivotal study, addition of levetiracetam to existing anticonvulsant therapy was more effective than addition of placebo in reducing the number of days on which myoclonic seizures occurred.

	●	On resubmission - levetiracetam (Keppra[®]) is accepted for use within NHS Scotland as adjunctive therapy in the treatment of primary generalised tonic-clonic seizures in adults and adolescents from 12 years of age with generalised idiopathic epilepsy. In the pivotal study, addition of levetiracetam to existing anticonvulsant therapy achieved a significantly greater reduction in the frequency of primary generalised tonic-clonic seizures than addition of placebo.
	●	On resubmission levetiracetam (Keppra[®]) is accepted for restricted use within NHS Scotland as monotherapy in the treatment of partial onset seizures with or without secondary generalisation in patients from 16 years of age with newly diagnosed epilepsy. Levetiracetam has been shown to be non-inferior to an older first choice anti-epileptic drug for partial seizures. Levetiracetam is significantly more expensive than traditional drugs so its use is restricted to patients for whom the range of traditional drugs normally used for first-line treatment are ineffective or unsuitable.
	●	On Resubmission levetiracetam (Keppra[®]) is accepted for use within NHS Scotland as adjunctive therapy in the treatment of partial onset seizures with or without secondary generalisation in children from 4 years of age with epilepsy. In the pivotal study, addition of levetiracetam to existing anticonvulsant therapy achieved a greater reduction in partial seizure frequency than addition of placebo.
Levodopa, carbidopa and entacapone (Stalevo[®])	●	Accepted for general use for the treatment of patients with Parkinson's disease and end of dose motor fluctuations not stabilised on levodopa/dopa decarboxylase inhibitor treatment.
Lidocaine 5% plaster (Versatis[®])	●	On resubmission: Accepted for restricted use for the treatment of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia). There are only limited comparative data available for lidocaine plasters, the comparative clinical effectiveness remains unclear. It is restricted to use in patients who are intolerant of first-line systemic therapies for post-herpetic neuralgia or where these therapies have been ineffective.
Lidocaine 70mg / tetracaine 70mg (Rapydan 70mg / 70mg medicated plaster)	●	Not recommended for surface anaesthesia of the skin in connection with needle puncture and in cases of superficial surgical procedures (such as excision of various skin lesions and punch biopsies) on normal skin in adults; or for surface anaesthesia of the skin in connection with needle puncture on normal intact skin in children from 3 years of age.
Liraglutide (Victoza[®]) injection	●	Accepted for restricted use for the treatment of adults with type 2 diabetes mellitus to achieve glycaemic control: - in combination with metformin or a sulphonylurea, in patients with insufficient glycaemic control despite maximal tolerated dose of monotherapy with metformin or sulphonylurea; - in combination with metformin and a sulphonylurea or metformin and a thiazolidinedione in patients with insufficient glycaemic control despite dual therapy.

		<i>Restriction:</i> Liraglutide is restricted to use as a third-line antidiabetic agent. The economic case for second-line use e.g. its addition to metformin monotherapy instead of the addition of a sulphonylurea, has not been demonstrated.
Lopinavir/Ritonavir (Kaletra®)	●	Accepted for use in NHS Scotland for the treatment of HIV-1 infected adults and children above the age of 2 years, in combination with other antiretroviral agents. For patients for whom this drug combination is appropriate, it is associated with a reduced pill burden compared to an existing solid oral dose formulation containing these drugs at no increased cost.
Losartan (Cozaar®)	●	Accepted for general use in NHS Scotland. For treatment of hypertensive patients with left ventricular hypertrophy.
	●	Restricted use, to delay the progression of renal disease and to reduce proteinuria in type 2 diabetic patients with nephropathy.
Losartan/thiazide (Cozaar-Comp 100/25®)	●	Accepted for use within NHS Scotland for the treatment of essential hypertension in patients whose blood pressure is not adequately controlled on hydrochlorothiazide or losartan monotherapy. No increased costs are associated with this product compared with losartan (Cozaar®) 100 mg alone. This fixed dose combination is one of many options for the treatment of hypertension, including other less expensive angiotensin receptor blocker/diuretic combinations.
Losartan 100mg / hydrochlorothiazide 12.5mg tablet (Cozaar-Comp 100/12.5®)	●	Accepted for use within NHS Scotland for the treatment of hypertension in patients whose blood pressure is not adequately controlled on hydrochlorothiazide or losartan monotherapy. In patients for whom this combination of antihypertensive agents is appropriate, it allows more flexible dosing than previously available combination products. This fixed dose combination is one of many options for the treatment of hypertension, including other less expensive angiotensin receptor blocker/diuretic combinations.
Loteprednol etabonate 5mg/ml eye drops (Lotemax 0.5% eye drops, suspension)	●	Not recommended for the treatment of post-operative inflammation following ocular surgery.
Lumiracoxib (Prexige®)	●	Accepted for use within NHS Scotland for symptomatic relief in the treatment of osteoarthritis only for patients in whom a COX-2 inhibitor is deemed appropriate.

M

Macrogol 4000 (Idrolax®)	●	Not recommended for use within NHS Scotland for the treatment of constipation in adults and children aged 8 years and above.
Melatonin prolonged-release tablets (Circadin)	●	Not recommended for use as monotherapy for the short-term treatment of primary insomnia characterized by poor quality of sleep in patients who are aged 55 or over. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland.
Maraviroc (Celsentri®) as 150 mg and 300mg tablets	●	On resubmission - Not recommended for use in combination with other antiretroviral medicinal products, for treatment experienced adult patients infected with only CCR5-tropic HIV-1 detectable. When added to optimised background therapy, maraviroc was associated with a significant reduction in viral load compared with addition of placebo in heavily pre-treated patients. However, the manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.
Memantine (Ebixa®)	●	Not recommended for use within NHS Scotland for use in moderately severe to severe Alzheimer's disease.
Mesalazine 800 mg modified release tablet (Asacol□)	●	Accepted for use in NHS Scotland for the treatment of mild acute exacerbations of ulcerative colitis. At the recommended dose of up to 2.4g daily, the 800 mg strength allows halving of the pill burden compared with the 400 mg formulation at no extra cost.
	●	Accepted for the treatment of moderate acute exacerbations of ulcerative colitis up to a maximum dose of 4.8 g daily. The maximum recommended dose has been increased from 2.4 g daily, and at the revised dose, the 800 mg strength allows halving of the pill burden compared with the 400 mg formulation.
	●	Accepted for the maintenance of remission in ulcerative colitis and Crohn's ileo-colitis. At the recommended dose of up to 2.4g daily, the 800 mg strength allows halving of the pill burden compared with the 400 mg formulation at no extra cost.

Mesalazine 1200mg gastro-resistant prolonged release tablet (Mezavant XL®)	●	Accepted for use within NHS Scotland for the induction of clinical and endoscopic remission in patients with mild to moderate, active ulcerative colitis, and for maintenance of remission. It may be used in cases where mesalazine is an appropriate choice of treatment and offers the possible advantage of once-daily administration.
Metformin (Glucophage SR®)	●	Following resubmission, accepted for restricted use for the treatment of type 2 diabetes mellitus in adults, particularly in overweight patients, when dietary management and exercise alone does not result in adequate glycaemic control. This new formulation appears to have similar short-term efficacy to immediate-release metformin. Evidence of improved gastrointestinal tolerability is not convincing and the prolonged-release formulation is more expensive than the immediate-release formulation. It is restricted to use in patients who are intolerant of immediate release metformin and in whom the prolonged release tablet allows the use of a dose of metformin not previously tolerated or in patients for whom a once-daily preparation offers a clinically significant benefit. <i>See D&G Diabetes guidelines for recommended place in therapy.</i>
Metformin 500mg and 1000mg powder for oral solution (Glucophage®)	●	Accepted for restricted use within NHS Scotland for patients who are unable to swallow the solid dosage formulation. Licensed indication under review: the treatment of type 2 diabetes mellitus, particularly in overweight patients, when dietary management and exercise alone does not result in adequate glycaemic control <i>There is a price premium relative to metformin immediate release tablets but a saving compared to an existing formulation of metformin oral solution</i>
Methotrexate (Metoject®)	●	Accepted for use in NHS Scotland for the treatment of severe active rheumatoid arthritis in adult patients where treatment with disease modifying drugs (DMARD) is indicated. For patients in whom parenteral methotrexate is appropriate, this is the first licensed parenteral formulation for this indication.
	●	Accepted for use. For the treatment of severe recalcitrant disabling psoriasis which is not adequately responsive to other forms of therapy such as phototherapy, PUVA, and retinoids, and severe psoriatic arthritis in adult patients. For patients in whom parenteral methotrexate is appropriate, this is the first licensed parenteral formulation for this indication.
Methylnaltrexone (Relistor®)	●	Accepted for treatment of opioid-induced constipation in advanced illness patients who are receiving palliative care when response to usual laxative therapy has not been sufficient. It is restricted to use by physicians with expertise in palliative care. Methylnaltrexone has been shown

		to be superior to placebo in achieving bowel movement in terminally ill patients with opioid-induced constipation already receiving a stable laxative regimen.
Methylphenidate modified release (Equasym XL®)	●	Accepted for restricted use for the treatment of attention deficit/hyperactivity disorder (ADHD) as part of a comprehensive treatment programme, when remedial measures alone prove insufficient.
Methylphenidate OROS (Concerta®)	●	Restricted use as part of a comprehensive treatment programme for attention-deficit hyperactivity disorder (ADHD) when remedial measures alone prove insufficient (under specialist supervision).
Methylphenidate prolonged-release capsule (Medikinet XL®)	●	Accepted for restricted use within NHS Scotland as part of a comprehensive treatment programme for attention deficit hyperactivity disorder (ADHD) in children over 6 years of age when remedial measures alone prove insufficient. Like other modified release methylphenidate formulations, it should be considered second line and used for patients requiring methylphenidate in the morning and afternoon when administration of a midday dose is problematic or inappropriate. Treatment should be under the supervision of a specialist in childhood behaviour disorders. The pharmacokinetic profile of Medikinet XL® differs from those of other modified release formulations of methylphenidate.
Micafungin (Mycamine®)	●	Accepted for restricted use in the treatment of invasive candidiasis in adults, elderly, and children (including neonates). Micafungin has been shown to be non-inferior to caspofungin and liposomal amphotericin B in the treatment of patients with invasive candidiasis, the majority of whom had candidaemia and were non-neutropenic. It was effective in the treatment of both <i>C. albicans</i> and non- <i>albicans Candida</i> species.
	●	Not recommended for the treatment of oesophageal candidiasis in adult, elderly, and adolescent (≥16 years of age) patients for whom intravenous therapy is appropriate. The manufacturer did not supply any economic analysis and therefore the cost effectiveness could not be assessed.
	●	Not recommended for prophylaxis of <i>Candida</i> infection in adults, elderly, and children (including neonates) undergoing allogeneic haematopoietic stem cell transplantation or patients who are expected to have neutropenia (absolute neutrophil count < 500 cells/μl) for 10 or more days. The manufacturer did not supply any economic analysis and therefore the cost effectiveness could not be assessed.

Miconazole muco-adhesive buccal tablets (Loramyc®)	●	Not recommended for the treatment of oropharyngeal candidiasis in immunocompromised patients. Miconazole muco-adhesive buccal tablets were shown to be non-inferior to another locally-acting miconazole preparation in the treatment of oropharyngeal candidiasis in patients with cancer of the head and neck who had received radiotherapy. There are no data comparing miconazole buccal tablets to treatments currently used in practice in NHS Scotland. The manufacturer did not present a sufficiently robust analysis to gain acceptance by SMC.
Mirtazapine (Zispin Soltab®)	●	Accepted for general use. New formulation of existing therapy for the treatment of depressive illness.
Modafinil (Provigil®)	●	Not recommended for use for daytime sleepiness or excessive sleepiness suffered by patients with obstructive sleep apnoea / hypopnoea syndrome or for the treatment of excessive sleepiness associated with moderate to severe shift work sleep disorder.
Mometasone furoate (Asmanex Twisthaler®)	●	Restricted use as a second line agent following treatment failure on first line inhaled steroids.
Montelukast paediatric 4mg granules (Singulair®)	●	Accepted for general use in NHS Scotland for the treatment of asthma as add-on therapy in those patients with mild to moderate persistent asthma who are inadequately controlled on inhaled corticosteroids and in whom 'as needed' short-acting beta-agonists provide inadequate clinical control of asthma.
Montelukast (Singulair ®)	●	Accepted for restricted use within NHS Scotland for the symptomatic relief of seasonal allergic rhinitis (SAR) in adult patients in whom montelukast is indicated in asthma, as add-on oral therapy at steps 3 and 4 of the BTS/SIGN asthma guidelines. Other more effective and cost effective treatments for SAR are available for patients in whom montelukast is not required for the treatment of asthma.
Montelukast chewable tablet and granules (Singulair Paediatric®)	●	Accepted for restricted use within NHS Scotland as an alternative treatment option to low-dose inhaled corticosteroids for patients, [children 2 to 14 years of age] with mild persistent asthma who do not have a recent history of serious asthma attacks that required oral corticosteroid use, and who have demonstrated that they are not capable of using inhaled corticosteroids. It should be restricted to initiation by specialists in paediatric asthma care.
Morphine, extended release epidural 10mg/ml (10mg, 15mg and 20mg) (Depodur®)	●	Not recommended for use within NHS Scotland for the relief of post-operative pain following major orthopaedic, abdominal or pelvic surgery.

Movicol Paediatric Plain®	●	Accepted for general use for treatment of paediatric faecal impaction.
Moxifloxacin (Avelox®) for acute exacerbations of chronic bronchitis	● ✓	Restricted use. Treatment of acute exacerbations of chronic bronchitis for patients who fail to respond to conventional therapy or in whom this is contra-indicated. D&G Formulary ✓
Moxifloxacin (Avelox®) for community acquired pneumonia (CAP)	● ✓	Restricted use. Should be reserved as a second line treatment for community acquired pneumonia. D&G Formulary ✓

N

Natalizumab (Tysabri®)	●	Following resubmission: Accepted for restricted use within NHS Scotland as single disease modifying therapy in highly active relapsing remitting multiple sclerosis (RRMS) only in patients with rapidly evolving severe RRMS defined by two or more disabling relapses in one year and with one or more gadolinium-enhancing lesions on brain magnetic resonance imaging (MRI) or a significant increase in T2 lesion load compared with a previous MRI.
Nebivolol (Nebilet®)	●	Following resubmission: Accepted for use within NHS Scotland for the treatment of stable mild and moderate chronic heart failure (CHF) in addition to standard therapies in elderly patients ≥70 years. Compared to placebo, nebivolol, added to standard therapy, was associated with improved left ventricular function and a reduction in a composite endpoint combining all cause mortality and cardiovascular hospitalisation rates in elderly patients with chronic heart failure. There are no direct comparisons with other beta-blockers that are available at a lower acquisition cost.
Nelarabine (Atriance®)	●	Accepted for restricted use in patients with T-cell acute lymphoblastic leukaemia (T-ALL) and T-cell lymphoblastic lymphoma (T-LBL) whose disease has not responded to, or has relapsed following, treatment with at least two chemotherapy regimens. It is restricted to patients in whom nelarabine is being used as a treatment to bridge to allogeneic stem cell transplant and restricted to use by specialists in haemato-oncology. It is not cost-effective when used for palliation.
Nicotinic acid modified release tablets (Niaspan®)	●	Resubmission in Feb 2006. Again, not recommended for use within NHS Scotland for the treatment of dyslipidaemia and primary hypercholesterolaemia as monotherapy in patients who do not tolerate HMG-CoA reductase inhibitors and is not recommended for use when prescribed in combination with HMG-CoA reductase inhibitors (statins).
Norelgestromin-ethinylestradiol (EVRA®)	●	Restricted use for women who are at substantial risk of poor compliance with COCs.

O

Oestradiol (Estradot®)	● ✓	Accepted for general use for transdermal hormone replacement. D&G Formulary ✓
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Olanzapine (Zyprexa®)	●	Accepted for general use. Used for the prevention of recurrence in patients with bipolar disorder whose manic episode has responded to olanzapine treatment.
Olanzapine (Zyprexa®)	●	Accepted for general use. Intramuscular use is accepted for the control of agitation and disturbed behaviours in patients with schizophrenia or manic episode, when oral therapy is not appropriate
Olmesartan medoxomil (Olmotec®)	●	Restricted use. It may be considered for use, along with other ARBs, as an alternative in patients unable to tolerate an ACE inhibitor.
Olmesartan medoxomil/amlodipine as besilate (Sevikar®)	●	Accepted for use. For treatment of essential hypertension in patients whose blood pressure is not adequately controlled on olmesartan medoxomil or amlodipine monotherapy. This is one of many options for the treatment of hypertension, many of which are less expensive.
Olmesartan/hydrochlorothiazide (Olmotec Plus®)	●	Accepted for restricted use in NHS Scotland for the treatment of hypertension as an alternative in patients unable to tolerate an ACE inhibitor, whose blood pressure is not adequately controlled by olmesartan 20mg monotherapy and for whom the addition of a thiazide diuretic is an appropriate next step. There is no additional cost compared to administration of olmesartan alone. The combination is competitively priced compared with other combinations of angiotensin II antagonists and thiazide diuretics. Angiotensin II receptor antagonists are an alternative to angiotensin converting enzyme (ACE) inhibitors where the latter are not tolerated. This fixed dose combination is one of a number of options for the treatment of hypertension, many of which are less expensive.
Olopatadine eye drops(Optanol®)	●	Following resubmission, accepted for use for the treatment of ocular signs and symptoms of seasonal allergic conjunctivitis. Olopatadine is a new, locally applied, antihistamine and anti-allergen. It appears to have similar efficacy to other ocular preparations for seasonal allergic conjunctivitis and a lower price than some competitors, suggesting that it is cost-effective compared to these higher priced products.

Omalizumab (Xolair®)	●	Following resubmission: Accepted for restricted use within NHS Scotland as add-on therapy to improve asthma control in adults and children (6 years of age and above) with severe persistent allergic asthma. It is restricted to initiation and monitoring by hospital physicians experienced in the diagnosis and treatment of severe persistent asthma. It is restricted to patients who are prescribed chronic systemic steroids and in whom all other treatments have failed. The response to omalizumab treatment should be assessed in all patients at 16 weeks and treatment should be discontinued in patients who have not shown a marked improvement in overall asthma control.
Omega 3 (Omacor®) - hypertriglyceridaemia	●	Not recommended for use within NHS Scotland
Omega 3 (Omacor®)- Secondary prevention of MI	●	Accepted for general use in NHS Scotland as an additional treatment for the secondary prevention of myocardial infarction
Oxybutynin transdermal patch (Kentera®)	●	Accepted for restricted use within NHS Scotland for the treatment of urge incontinence and/or increased urinary frequency and urgency in patients with unstable bladder, restricted to patients who derive clinical benefit from oral oxybutynin but who experience intolerable anticholinergic side effects. It should be used in conjunction with non-pharmacological measures, including pelvic floor muscle exercises and bladder retraining. Transdermal oxybutynin appears to have similar efficacy to oral antimuscarinics and a lower. Rate of anticholinergic adverse events. However, patients have the additional effect of application site reactions, which in some patients lead to treatment discontinuation. Transdermal oxybutynin has a lower total cost than oral tolterodine, but a higher total cost than oral oxybutynin.
Oxycodone prolonged release (Oxycontin®)	●	Accepted for restricted use within NHS Scotland for the treatment of severe non-malignant pain requiring a strong opioid analgesic. Oxycodone prolonged release is restricted to use in patients in whom controlled release Morphine sulphate is ineffective or not tolerated..
Oxycodone (OxyNorm®)	●	Restricted use for the treatment of moderate to severe pain in patients with cancer. Use of this drug should be restricted to patients who have difficulty in tolerating morphine or diamorphine therapy.
Oxycodone (OxyNorm®) INJECTION	●	Not recommended for use within NHS Scotland for the treatment of post-operative pain. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this formulation.
Oxycodone/naloxone prolonged release tablets	●	Not recommended for use for the treatment of severe pain which can be adequately managed only with opioid analgesics. The addition of naloxone to oxycodone did not impair analgesia and

(Targinact®)	improved bowel function when patients were not receiving regular laxative therapy. However the clinical benefit in patients receiving regular laxative therapy is uncertain and the manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.
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P

Paclitaxel albumin (Abraxane®)	● Restricted for use in NHS Scotland to patients who would otherwise receive docetaxel or 3-weekly solvent-based paclitaxel as second-line treatment for metastatic breast cancer.
Paliperidone (Invega®)	● Not recommended for use within NHS Scotland for the treatment of schizophrenia. Paliperidone has been shown to be superior to placebo in reducing symptoms of schizophrenia. However, there are limited statistical comparative data versus other atypical antipsychotics.
Parathyroid hormone (Preotact®)	● Restricted use for women with severe osteoporosis and at least two prior vertebral fractures or equivalent high risk. It is restricted to initiation by specialists experienced in the treatment of osteoporosis following assessment of fracture risk including measurement of bone mineral density. Parathyroid hormone reduced risks of vertebral fracture compared to placebo. A significant reduction in the incidence of vertebral but not hip fractures has been demonstrated. It has comparable cost-effectiveness to an alternative anabolic agent.
Parecoxib (Dynastat Injection®)	● Not recommended for use as a parenteral COX-2 selective non-steroidal anti-inflammatory drug (NSAID)

Paricalcitol solution for injection (Zemplar®)	●	Not recommended for the prevention and treatment of secondary hyperparathyroidism in patients with chronic renal failure undergoing haemodialysis. The benefits and adverse effects of paricalcitol are similar to another vitamin D analogue with which it has been compared.
Paricalcitol capsules 1, 2 and 4 micrograms (Zemplar®)	●	Not recommended for the prevention and treatment of secondary hyperparathyroidism associated with chronic renal insufficiency (chronic kidney disease [CKD] Stages 3 and 4) patients and chronic renal failure (CKD Stage 5) patients on haemodialysis or peritoneal dialysis. The benefits and adverse effects of paricalcitol capsules compared to other vitamin D analogues have not directly been assessed. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC
Pegaptanib intravitreal injection (Macugen®)	●	Accepted for restricted use within NHS Scotland for the treatment of neovascular (wet) age-related macular degeneration (AMD).
Pegvisomant (Somavert®)	●	Not recommended for use within NHS Scotland for the treatment of patients with acromegaly who have had an inadequate response to surgery and/or radiation therapy and in whom an appropriate medical treatment with somatostatin analogues did not normalise insulin-like growth factor 1 (IGF-1) concentrations or was not tolerated. Pegvisomant reduces IGF-1 levels significantly and improves some of the clinical manifestations of acromegaly. It is acknowledged that this is an orphan drug but the economic case has not been demonstrated.
Pegylated interferon alpha 2b (VirafonPeg®)	●	Accepted for general use in NHS Scotland. Appropriate treatment for the management of adult patients with chronic hepatitis C under the overall supervision of specialists
Pegylated interferon α 2b (ViraferonPeg®) in combination with ribavirin (Rebetol®)	●	Accepted for the treatment of adult patients with chronic hepatitis C who have failed previous treatment with interferon alfa (pegylated or non-pegylated) and ribavirin combination therapy or interferon alfa (pegylated or non-pegylated) monotherapy.
Pegylated interferon alfa 2a (Pegasys®)	●	Accepted for use within NHS Scotland for the treatment of HBeAg-positive or HBeAg-negative chronic hepatitis B in adult patients with compensated liver disease and evidence of viral replication, increased ALT and histologically verified liver inflammation and/or fibrosis. Compared with conventional interferon alfa 2a, it offers comparable efficacy and the convenience of once-weekly rather than three-times weekly subcutaneous administration.

<p>Perindopril arginine (Coversyl Arginine®) 2.5mg, 5mg, 10mg tablets</p>	<p>●</p>	<p>Accepted for the treatment of essential hypertension. The 2.5mg and 5mg tablets are also accepted for treatment of symptomatic heart failure. This advice relates to patients for whom perindopril is an appropriate choice of therapy. These preparations are also licensed for the reduction of risk of cardiac events in patients with a history of myocardial infarction and/or revascularisation, however this indication has not been reviewed by SMC.</p> <p>The arginine salt replaces a tert-butylamine salt previously available and the 2.5mg, 5mg and 10mg arginine tablets are equivalent to the 2mg, 4mg and 8mg tert-butylamine tablets in terms of the content of perindopril base. Caution is therefore required when prescribing perindopril as the two salts are not dose equivalent.</p> <p>Generic preparations of the tert-butylamine salt are available at a lower cost than the proprietary preparations of perindopril.</p>
<p>Perindopril/Indapamide (Coversyl Plus®)</p>	<p>●</p>	<p>Accepted for general use. Essential hypertension **Product no longer available**</p>
<p>Perindopril arginine 5mg and indapamide 1.25mg tablet (Coversyl Arginine Plus®)</p>	<p>●</p>	<p>Accepted for the treatment of essential hypertension in patients whose blood pressure is not adequately controlled on perindopril alone and for whom this combination is an appropriate choice of therapy.</p> <p>The 5mg perindopril arginine in this formulation is equivalent in terms of the content of perindopril base to the 4mg perindopril tert-butylamine contained in the formulation previously available. After review of a full submission, SMC issued advice on 8th September 2003 that the previously available formulation of perindopril, indapamide (Coversyl Plus®) was recommended for general use within NHS Scotland. It produces a modest reduction in blood pressure in patients with essential hypertension uncontrolled by perindopril alone.</p>
<p>Pimecrolimus (Elidel®)</p>	<p>●</p>	<p>Not recommended for use within NHS Scotland, the first topical immunomodulator for the treatment of signs and symptoms of mild-to-moderate atopic dermatitis.</p>
<p>Pioglitazone (Actos®)</p>	<p>● ✓</p>	<p>Following a resubmission (Sept 2005): accepted for restricted use within NHS Scotland as monotherapy for type 2 diabetes mellitus patients in whom consideration is otherwise being given to commencing insulin therapy. It is not recommended as monotherapy for any other group of patients. It is one of two peroxisome proliferator-activated receptor-g agonists marketed in the UK for this indication. Its use should be restricted to patients who have already experienced severe hypoglycaemia or patients in whom metformin and sulphonylureas are contra-indicated or not tolerated. D&G Formulary ✓</p>

	<ul style="list-style-type: none"> ● Accepted for use within NHS Scotland in combination with insulin in type 2 diabetes mellitus patients with insufficient glycaemic control on insulin for whom metformin is inappropriate because of contraindications or intolerance. It improved glycaemic control when added to insulin in the relevant patient population. ✓
	<ul style="list-style-type: none"> ● Pioglitazone (Actos®), as triple therapy in combination with metformin and a sulphonylurea, is accepted for restricted use within NHS Scotland for the treatment of patients (particularly overweight patients) with insufficient glycaemic control despite dual oral therapy and where patients are unable or unwilling to take insulin. It should be initiated and monitored only by physicians experienced in the treatment of diabetes mellitus who will be able to identify and manage patients who might benefit. D&G Formulary ✓ ✓
Pioglitazone/Metformin (Competact®)	<ul style="list-style-type: none"> ● Accepted for restricted use in NHS Scotland for the treatment of type 2 diabetes mellitus. It should be used for overweight patients who are unable to achieve sufficient glycaemic control at their maximally tolerated doses of oral metformin alone. It is restricted to patients who cannot be treated with a sulphonylurea in combination with metformin. This combination product costs the same as equivalent doses of the individual constituent preparations and offers a more convenient, though less flexible, dosing regimen.
Posaconazole (Noxafil®) suspension	<ul style="list-style-type: none"> ● Accepted for use within NHS Scotland for the treatment of adults with specific invasive fungal infections refractory to or intolerant of specified Antifungal agents. The evidence to support the licensed use of posaconazole is limited to one open-label, noncomparative study mainly in patients refractory to treatment with amphotericin. ● Accepted for restricted use within NHS Scotland for prophylaxis of invasive fungal infections in immunocompromised patients. It is restricted to patients in whom there is a specific risk of <i>Aspergillus</i> infection or where fluconazole or itraconazole are not tolerated.
Pramipexole (Mirapexin®)	<ul style="list-style-type: none"> ● Accepted for use within NHS Scotland for the symptomatic treatment of moderate to severe idiopathic Restless Legs Syndrome (RLS). It should only be used in patients with a baseline score of 15 points or more on the International Restless Legs Scale (IRLS). In three double blind placebo-controlled studies pramipexole was associated with a 4 to 9- point improvement on the patient-administered 40-point IRL scale in comparison with placebo based on the core clinical features of the syndrome.
Pramipexole dihydrochloride	<ul style="list-style-type: none"> ● Accepted for use for the treatment of the signs and symptoms of idiopathic Parkinson's disease, alone (without levodopa) or in combination with levodopa, i.e. over the course of the disease,

<p>monohydrate prolonged release tablets 0.375mg, 0.75mg, 1.5mg, 3.0mg, 4.5mg (equivalent to 0.26mg, 0.52mg, 1.05mg, 2.1mg, 3.15mg pramipexole) (Mirapexin®)</p>		<p>through to late stages when the effect of levodopa wears off or becomes inconsistent and fluctuations of the therapeutic effect occur (end of dose or “on off” fluctuations). In patients for whom the use of pramipexole is appropriate, the prolonged-release formulation can provide the same daily dose as existing immediate release formulations, with the benefit of once-daily rather than thrice-daily dosing, at an equivalent cost.</p>
<p>Prasugrel 5 and 10mg tablets (Efient®)</p>	<p>●</p>	<p>Prasugrel (Efient®) co-administered with aspirin is accepted for restricted use within NHS Scotland for the prevention of atherothrombotic events in patients with acute coronary syndrome undergoing primary or delayed percutaneous coronary intervention. Use is restricted to patients who are eligible to receive the 10mg dose of prasugrel. When compared to an alternative antiplatelet agent, prasugrel demonstrated a significant reduction in the incidence of ischaemic events, mainly non-fatal myocardial infarction, in patients with acute coronary syndrome undergoing percutaneous coronary intervention. Prasugrel was, however, also associated with an increased risk of clinically significant bleeding events. Alternative treatments are available at a lower drug acquisition cost.</p>
<p>Pregabalin, 25mg, 75mg, 100mg, 150mg, 200mg and 300mg capsules (Lyrica®)</p>	<p>●</p>	<p>Accepted for restricted use within NHS Scotland as adjunctive therapy in adults with partial seizures with or without secondary generalisation.</p>
	<p>●</p>	<p>Accepted for restricted use on 2nd resubmission for the treatment of peripheral neuropathic pain in adults. Pregabalin is restricted to use in patients who have not achieved adequate pain relief from, or have not tolerated, conventional first and second line treatments for peripheral neuropathic pain. Treatment should be stopped if the patient has not shown sufficient benefit within 8 weeks of reaching the maximally tolerated therapeutic dose. Local protocol to be put in place.</p>
	<p>●</p>	<p>Not recommended for use within NHS Scotland for generalised anxiety disorder in adults. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHS Scotland.</p>
	<p>●</p>	<p>Not recommended for use within NHS Scotland for the treatment of central neuropathic pain in adults. In a randomised controlled trial pregabalin was superior to placebo in terms of the primary efficacy variable, the weekly mean pain score. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by the SMC.</p>

Micronised progesterone, 100mg, 200mg capsules (Utrogestan®)	●	Not recommended for use within NHS Scotland For adjunctive use with oestrogen in post-menopausal women with an intact uterus (HRT).
Propiverine hydrochloride 30 mg modified release capsule (Detrunorm XL ®)	●	Accepted for use in NHS Scotland for the treatment of urinary incontinence, as well as urgency and frequency in patients who have idiopathic detrusor overactivity (overactive bladder). For patients for whom propiverine is appropriate it allows once-daily dosing, compared to twice daily dosing with an existing solid oral dose formulation, at no increased cost.

Q

Quetiapine (Seroquel®)	●	Accepted for general use in NHS Scotland for the treatment of manic episodes associated with bipolar disorder as monotherapy or as adjunct therapy to mood stabilisers.
	●	Not recommended for the treatment of major depressive episodes associated with bipolar disorder. In monotherapy studies quetiapine was superior to placebo and compared favourably with two active comparators. Efficacy relative to current practice for the management of depression in the framework of bipolar disorder in NHS Scotland involving combination therapy with a mood stabiliser or an atypical antipsychotic plus an antidepressant, was not demonstrated
Quetiapine prolonged-release tablet (Seroquel XL®)	●	Accepted for the treatment of schizophrenia and manic episodes associated with bipolar disorder. It is suitable for patients in whom quetiapine is an appropriate choice of antipsychotic. For equivalent doses it has similar or lower costs compared to immediate-release quetiapine.

R

Rabeprazole (Pariet®)	●	Accepted for general use in NHS Scotland. For on-demand symptomatic treatment of moderate to severe gastro-oesophageal reflux disease (GORD) in patients without oesophagitis. Accepted for use for the treatment of Zollinger-Ellison syndrome. Other proton pump inhibitors are available for this indication at a lower cost.
Raltegravir (Isentress®)	●	Accepted for restricted use in combination with other antiretroviral medicinal products for the treatment of Human Immunodeficiency Virus (HIV-1) infection in treatment experienced adult patients with evidence of HIV-1 replication despite ongoing antiretroviral therapy. It is restricted to patients with triple class resistant HIV-1 infection. Addition of raltegravir to optimised background therapy in treatment experienced patients with documented resistance to at least one drug in each of the three HIV antiviral classes, significantly increased the number of patients achieving clinically significant reductions in viral load.
Ranibizumab (Lucentis®)	●	Accepted for use within NHS Scotland for the treatment of neovascular (wet) age-related macular degeneration (AMD). Ranibizumab reduces the rate of visual acuity loss and increases visual acuity. It should be stopped if visual acuity falls persistently below 6/60 during treatment.
Ranolazine, 375mg, 500mg and 750mg prolonged-release tablets (Ranexa)	●	Not recommended for use as add-on therapy for the symptomatic treatment of patients with stable angina pectoris who are inadequately controlled or intolerant to first-line antianginal therapies (such as beta-blockers and/or calcium antagonists).
Rasagiline (Azilect®)	●	Following resubmission in December 2006 advice remains. Not recommended for use within NHS Scotland for the treatment of idiopathic Parkinson's disease as monotherapy (without levodopa) nor for use for the treatment of idiopathic Parkinson's disease as adjunct therapy (with levodopa) in patients with end of dose fluctuations.
Retapamulin (Altargo®)	●	Not recommended for the short term treatment of the following superficial skin infections: Impetigo and infected small lacerations, abrasions, or sutured wounds. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication.
Rivaroxaban (Xarelto®)	●	Accepted for the prevention of venous thromboembolism (VTE) in adult patients undergoing elective hip or knee replacement surgery. In three large phase III studies in patients undergoing either total knee or total hip replacement surgery, rivaroxaban was superior to low molecular weight heparin in reducing the incidence of VTE and all cause mortality with patients while having a similar incidence of major bleeding events.

Rivastigmine transdermal patch (Exelon®)	●	Accepted for restricted use within NHS Scotland for symptomatic treatment of moderately severe Alzheimer's dementia only. It should be used in accordance with guidance from NHS Quality Improvement Scotland on the application of the National Institute for Health and Clinical Excellence (NICE) technology appraisal number 111.
Rimonabant (Acomplia®)	●	Not recommended for use within NHS Scotland as an adjunct to diet and exercise for the treatment of obese patients (body mass index (BMI) =30 kg/m ²), or overweight patients (BMI >27 kg/m ²) with an associated risk factor or risk factors such as type 2 diabetes or dyslipidaemia. Rimonabant was associated with a reduction in mean weight of about 4-5kg over that with placebo. However, this weight was generally regained within one year of stopping treatment. The economic case has not been demonstrated. 23/10/08 The EMEA has recommended the temporary suspension of the Marketing Authorisation for Rimonabant.
Risendronate sodium (Actonel®)	●	Accepted for general use for the prophylaxis and treatment of osteoporosis in post menopausal women.
	●	Not recommended for the treatment of osteoporosis in men at high risk of fractures. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result it is not recommended for use within NHSScotland.
Risperidone (Risperdal Consta®)	●	Restricted use for patients who require an atypical antipsychotic and for whom depot injection is the preferred route of administration.
Risperidone (Risperdal®)	●	Accepted for general use in NHS Scotland for the treatment of episodes of mania in bipolar disorder.
Risperidone orodispersible (Risperdal Quicklet®)	●	Restricted use, specialist only, for those patients in whom rapid oral absorption is indicated.
	●	Accepted for restricted use within NHS Scotland for treatment of acute and chronic schizophrenia and similar psychosis and treatment of mania in bipolar disorder. These new strengths of risperidone orodispersible tablets should be used in patients for whom risperidone is an appropriate choice of antipsychotic and an orodispersible tablet is an appropriate formulation.

Rituximab (MabThera®)	●	Accepted for restricted use in combination with methotrexate for treatment of adult patients with severe active rheumatoid arthritis who have had an inadequate response or intolerance to other disease-modifying anti-rheumatic drugs (DMARDs) including one or more tumour necrosis factor (TNF) inhibitor. It is restricted to use by specialist physicians experienced in the diagnosis and treatment of rheumatoid arthritis. Rituximab in combination with methotrexate improves signs and symptoms and quality of life and prevents joint damage compared to methotrexate, in adults with rheumatoid arthritis who have had an inadequate response to methotrexate and an inadequate response or intolerance to at least one TNF-antagonist. Treatment should only be repeated in patients who continue to achieve an American College of Rheumatology (ACR) response of at least 20. Rituximab is cost effective if the average dosing interval for those patients who respond to initial treatment does not fall below six months.
	●	Accepted for restricted use as maintenance therapy for patients with relapsed/refractory follicular lymphoma responding to induction therapy with chemotherapy with or without rituximab. Rituximab is restricted for use only by oncologists or haematologists who have expertise in treating lymphoma.
	●	Accepted for restricted use in the treatment of previously untreated patients with stage III to IV follicular lymphoma in combination with chemotherapy.
Rivastigmine (Exelon®)	●	Not recommended for use for the treatment of mild to moderately severe dementia in patients with idiopathic Parkinson's disease. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication.
Rivastigmine transdermal patch (Exelon®)	●	Accepted for restricted use for symptomatic treatment of moderately severe Alzheimer's dementia only. It should be used in accordance with guidance from NHS Quality Improvement Scotland on the application of the National Institute for Health and Clinical Excellence (NICE) technology appraisal number 111. Within this context it is suitable for patients in whom rivastigmine is an appropriate choice of acetylcholinesterase inhibitor and in whom a transdermal patch is an appropriate choice of formulation.

Ropinirole (Adartel®)	●	Accepted for restricted use for the treatment of moderate to severe idiopathic restless legs syndrome (RLS). Its use should be restricted to patients with a baseline score of 24 points or more on the International Restless Legs Scale (IRLS).
Ropinirole 2 mg, 4 mg, 8 mg prolonged-release tablets (Requip® XL)	● ✓	Accepted for the treatment of idiopathic Parkinson's disease in patients already taking ropinirole immediate release tablets and in whom adequate symptomatic control has been established. Substitution of ropinirole prolonged release tablets for ropinirole immediate release tablets may be used as: Monotherapy, alone (without levodopa) in idiopathic Parkinson's disease, or as: Adjunctive therapy in addition to levodopa to control 'on-off' fluctuations which might permit a reduction in the total daily dose of levodopa. <i>Substitution of prolonged-release ropinirole for ropinirole immediate release tablets should be supervised by appropriate specialists in Parkinson's disease.</i>
Rosiglitazone (Avandia®)	✓ ● ✓	Restricted use, as monotherapy for type 2 diabetes mellitus patients in whom consideration is otherwise being given to commencing insulin therapy. D&G Formulary ✓ Restricted use as triple oral therapy in combination with metformin and a sulphonylurea in patients (particularly overweight patients) who are unable to achieve sufficient glycaemic control despite dual oral therapy and where patients are unable or unwilling to take insulin. D&G Formulary ✓
Rosiglitazone, metformin (Avandamet®)	●	Accepted for general use for the treatment of type 2 diabetes mellitus. Accepted for restricted use within NHS Scotland in combination with a sulphonylurea as triple oral therapy in patients (particularly in overweight patients) who are unable to achieve sufficient glycaemic control despite dual oral therapy and where patients are unable or unwilling to take insulin. Triple therapy should be initiated and monitored only by physicians experienced in the treatment of diabetes mellitus who will be able to identify and manage patients who might benefit. The combination formulations are not associated with increased costs compared to equivalent combinations of single drug formulations.
Rosuvastatin (Crestor®)	●	Accepted for general use. HMG-CoA reductase inhibitor for reducing low-density-lipoprotein-cholesterol (LDL-C)

Rotigotine (Neupro®) patch	●	Not recommended for use for the treatment of the signs and symptoms of early-stage idiopathic Parkinson's disease as monotherapy (i.e. without levodopa). Rotigotine was superior to placebo in two randomised controlled trials. However, in one active comparator study non-inferiority to another non-ergolinic dopamine agonist comparator was not shown. The economic case has not been demonstrated.
	●	Accepted for restricted use for the treatment of the signs and symptoms of advanced idiopathic Parkinson's disease in combination with levodopa; i.e. over the course of the disease, through to late stages when the effect of levodopa wears off or becomes inconsistent and fluctuations of the therapeutic effect occur (end of dose or "on-off" fluctuations). Rotigotine increased the proportion of patients achieving $\geq 30\%$ reduction in "off" time compared with placebo, but appeared to be less effective than another non-ergolinic dopamine agonist. Rotigotine trans-dermal patch offers an alternative non-ergolinic dopamine agonist at a lower cost in a formulation that does not have to be taken by mouth. It is restricted to patients where this route would facilitate treatment.
	●	Accepted for use for the symptomatic treatment of moderate to severe idiopathic Restless Legs Syndrome (RLS) in adults. It should only be used in patients with a baseline score of 15 points or more on the International Restless Legs Scale (IRLS). Compared with placebo, rotigotine was associated with improvements on a patient-administered scale based on the core clinical features of the syndrome and on the incidence of periodic limb movements during time in bed. Other dopamine agonists licensed for use in RLS are available at a lower cost.
Rufinamide (Inovelon®)	●	On resubmission: Accepted for restricted use as adjunctive therapy in the treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients four years and older. Adjunctive rufinamide significantly reduced the frequency of total seizures and tonic-atonic seizures and significantly improved seizure severity when compared to placebo in patients with LGS. Rufinamide is restricted to use in patients who have failed treatment with or are intolerant of alternative traditional antiepileptic drugs.
Rupatadine (Rupafin®)	●	Not recommended for use for the symptomatic treatment of allergic rhinitis and chronic idiopathic urticaria in adults and adolescents (over 12 years of age).

S

Salbutamol (as sulphate) 100 micrograms per dose as powder for inhalation (Salbulin MDPI Novolizer®)	<p>● Accepted for use in patients with reversible airways obstruction such as asthma for relief and prevention of asthma symptoms. It may be used in patients in whom treatment with this short-acting beta agonist is appropriate and for whom delivery by a breath-activated dry powder inhaler device offers advantages over other delivery systems. It should be used to relieve asthma symptoms when they occur and to prevent symptoms in circumstances known by the patient to precipitate symptoms, for example prior to exercise or allergen exposure. It should be used for patients in whom a short-acting beta-agonist is appropriate and for whom a dry powder inhaler is an appropriate delivery device. It has a similar cost to other dry powder inhaled formulations of salbutamol.</p>
Salmeterol (Serevent Evohaler®)	<p>● Accepted for the regular symptomatic treatment of reversible airways obstruction in patients with asthma, including those with nocturnal asthma or chronic obstructive pulmonary disease. It may also be used for the prevention of exercise-induced asthma. Where the use of this long-acting beta agonist by aerosol inhalation is appropriate, it offers a chlorofluorocarbon (CFC)-free option at no additional cost.</p>
Sapropterin (Kuvan®) 100mg soluble tablets	<p>● Not recommended for the treatment of hyperphenylalaninaemia (HPA) in adult and paediatric patients with phenylketonuria (PKU) and for the treatment of hyperphenylalaninaemia (HPA) in adult and paediatric patients with tetrahydrobiopterin (BH4) deficiency.</p>
Saxagliptin, 5mg film-coated tablet (Onglyza®)	<p>● Accepted for restricted use within NHS Scotland in adult patients with type 2 diabetes mellitus as add-on combination therapy with metformin, when metformin alone, with diet and exercise, does not provide adequate glycaemic control. It is restricted to use in patients only when the addition of sulphonylureas is not appropriate, and represents an alternative to other agents such as thiazolidinediones. Efficacy, as assessed by measurement of HbA1c, is comparable to another dipeptidyl peptidase-4 inhibitor. It appears to have minimal effect on body weight.</p>
Seretide 50 Evohaler®	<p>● Accepted for the regular treatment of asthma where use of a combination of the long-acting beta agonist salmeterol and the inhaled corticosteroid fluticasone is appropriate for a child aged 4-12 years</p>
Sertraline (Lustral®)	<p>● Not recommended for treating post-traumatic stress disorder (PTSD)</p>

Sevelamer (Renagel®)	● Not recommended for control of hyperphosphataemia in adult patients receiving peritoneal dialysis. It was non-inferior to a calcium-based phosphate binder in reducing serum phosphate and was associated with a lower rate of hypercalcaemia. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.
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Sildenafil citrate (Revatio®)	●	Accepted for restricted for the treatment of patients with pulmonary arterial hypertension classified as WHO functional class III, to improve exercise capacity. This is an orphan indication for sildenafil with limited clinical evidence from short-term clinical trials. It is restricted to initiation by specialists working in the Scottish Pulmonary Vascular Unit and by physicians experienced in the management of pulmonary vascular disease.
	●	For treatment of patients with pulmonary arterial hypertension (PAH) classified as WHO functional class II, to improve exercise capacity. This is an orphan indication for sildenafil with limited clinical evidence from post-hoc analysis of a short-term clinical trial. It is restricted to initiation by specialists working in the Scottish Pulmonary Vascular Unit . <i>Accepted for restricted use.</i>
Sitagliptin (Januvia®) 100mg tablets	●	Accepted for restricted use for treatment of patients with type 2 diabetes mellitus to improve glycaemic control in combination with metformin when diet and exercise, plus metformin, do not provide adequate glycaemic control. It should be restricted to use in patients only when the addition of sulphonylureas is not appropriate, and represents an alternative to other agents such as thiazolidinediones. Efficacy, as assessed by measurement of HbA1c, is similar to sulphonylurea and thiazolidinedione drugs added at this stage in therapy. It appears to have minimal effects on body weight.
	●	Accepted for use for patients with type 2 diabetes mellitus to improve glycaemic control in combination with a sulphonylurea when diet and exercise plus maximal tolerated dose of a sulphonylurea alone do not provide adequate glycaemic control and when metformin is inappropriate due to contraindications or intolerance; or in combination with a sulphonylurea and metformin when diet and exercise plus dual therapy with these agents do not provide adequate glycaemic control. When added to a sulphonylurea with or without metformin, sitagliptin had a modest beneficial effect on glycated haemoglobin (HbA1c) levels. Sitagliptin is also licensed for use in combination with thiazolidinedione drugs. The manufacturer's submission related only to the use of sitagliptin in combination with sulphonylureas with or without metformin. SMC cannot recommend the use of sitagliptin in combination with thiazolidinediones.
Sitaxentan sodium (Thelin®)	●	Accepted for restricted use for the treatment of patients with pulmonary arterial hypertension classified as WHO functional class III, to improve exercise capacity. Efficacy has been shown in primary pulmonary hypertension and in pulmonary hypertension associated with connective tissue disease. Data suggest that sitaxentan 100mg daily has a benefit/risk ratio comparable to the other licensed endothelin receptor antagonist. Non-inferiority has not been formally demonstrated

		as sitaxentan is an orphan drug with limited clinical evidence. Where an endothelin receptor antagonist is indicated, sitaxentan provides an alternative. It is restricted to initiation and prescribing by specialists in the Scottish Pulmonary Vascular Unit.
Sodium oxybate (Xyrem®)	●	Not recommended for the treatment of cataplexy in adult patients with narcolepsy. The manufacturer's justification of the treatment's cost in relation to its health benefits was not sufficient to gain acceptance by SMC.
Solifenacin (Vesicare®)	●	Following resubmission, Accepted for the symptomatic treatment of urge incontinence and/or increased urinary frequency and urgency as may occur in patients with overactive bladder syndrome. Solifenacin is effective in reducing symptoms associated with overactive bladder, including frequency, urgency and incontinence. It is associated with adverse events typical of antimuscarinic agents used in this condition. There are cheaper antimuscarinics available that would normally be used as first-line agents.
Somatropin (Genotropin® and Norditropin SimpleXx®)	●	Accepted for restricted use for the treatment of growth disturbance (current height Standard Deviation Score (SDS) <-2.5 and parental adjusted height SDS <-1) in short children born small for gestational age (SGA), with a birth weight and/or length below -2 Standard Deviations, who failed to show catch-up growth (height velocity SDS < 0 during the last year) by 4 years of age or later. Treatment should be initiated and monitored by a paediatrician with expertise in managing childhood growth disorders and growth hormone therapy.
Stiripentol (Diacomit®)	●	Not recommended for use in conjunction with clobazam and valproate as adjunctive therapy of refractory generalized tonic-clonic seizures in patients with severe myoclonic epilepsy in infancy (SMEI, Dravet's syndrome) whose seizures are not adequately controlled with clobazam and valproate.
Strontium ranelate (Protelos®)	●	Accepted for restricted use for the treatment of postmenopausal osteoporosis to reduce the risk of vertebral and hip fractures when bisphosphonates are contra-indicated or not tolerated and then only in women aged over 75 with a previous fracture and T-score < -2.4 or other women at equivalent high risk. In the trial population of postmenopausal women, strontium ranelate reduced the risk of developing a vertebral fracture by 41%. In women =74 years with a femoral neck Bone Mineral Density (BMD) T-score < -2.4 the risk of hip fractures was reduced by 36%. However equivalent cost-effectiveness to bisphosphonate therapy has not been demonstrated.
Sumatriptan succinate 50mg and 100mg tablets (Imigran Radis®)	●	Accepted for general use for acute relief of migraine attacks, with or without aura, provided there is a clear diagnosis of migraine.

Sunitinib (Sutent®)	<p>● Not recommended for the treatment of advanced and/or metastatic renal cell carcinoma (MRCC). In a planned interim analysis, sunitinib improved progression-free survival and objective response rate when compared with interferon alfa. However, as yet there is insufficient information available on overall survival. The manufacturer did not present a sufficiently robust economic analysis and their justification of the treatment's cost in relation to its health benefits was not sufficient to gain acceptance by SMC. The licence holder has indicated their decision to resubmit.</p>
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T

Tacrolimus (Protopic®)	<p>● ✓ Restricted use. A treatment option for adults with atopic dermatitis intolerant of or unresponsive to conventional treatments, and for children aged 2 years or over who are unresponsive to conventional topical therapies. D&G Formulary ✓</p>
Tacrolimus (Prograf®) 5mg/ml concentrate for infusion and 0.5mg, 1mg, 5mg hard capsules	<p>● ✓ Accepted for restricted use for the prophylaxis of transplant rejection in heart allograft recipients. It has shown comparable efficacy to ciclosporin-based regimens in prevention of acute rejection. It is restricted to use in patients where ciclosporin is not suitable. D&G Formulary ✓</p>
Tacrolimus prolonged-release capsule (Advagraf®)	<p>● Accepted for prophylaxis of transplant rejection in adult kidney or liver allograft recipients and treatment of allograft rejection resistant to treatment with other immunosuppressive medicinal products in adult patients. It is suitable for use by patients for whom tacrolimus is an appropriate choice of immunosuppressive therapy. It has similar costs per equivalent dose to the tacrolimus immediate release capsule.</p>
Tadalafil (Cialis®)	<p>● Accepted for general use for erectile dysfunction. D&G Formulary ✓</p>
Tadalafil (Cialis®)	<p>● Accepted for use. Low dose tablets for regular once-daily administration in patients with erectile dysfunction responding to an on-demand regimen of tadalafil who anticipate frequent use (at least twice weekly). Vardenafil remains D&G Formulary 1st choice. The “prn” tadalafil are a formulary 2nd choice.</p>

Tafluprost preservative-free eye drops (Saflutan®)	●	Accepted for restricted use for the reduction of elevated intraocular pressure in open angle glaucoma and ocular hypertension - as monotherapy: in patients who would benefit from preservative-free eye-drops, who are insufficiently responsive to first-line therapy, or who are intolerant or contraindicated to first-line therapy - or as adjunctive therapy to beta-blockers. Tafluprost is restricted to use in patients who cannot tolerate currently available prostaglandin preparations due to proven sensitivity to the preservative benzalkonium chloride. Saflutan is the only preservative-free prostaglandin eye drop available.
Tamsulosin hydrochloride film-coated extended release tablets 400 microgram (equivalent to 367 microgram tamsulosin) (Flomaxtra XL®)	●	Accepted for functional symptoms of benign prostatic hypertrophy as an alternative to modified release capsules. <i>This formulation is significantly more expensive than other tamsulosin MR preparations.</i>
Telbivudine (Sebivo®)	●	Accepted for use for the treatment of chronic hepatitis B in adult patients with compensated liver disease and evidence of viral replication, persistently elevated serum alanine aminotransferase levels and histological evidence of active inflammation and/or fibrosis. For a number of therapeutic endpoints telbivudine proved to be equivalent or superior to a comparator nucleoside reverse transcriptase inhibitor.
Telmisartan & hydrochlorothiazide (MiscardisPlus®)	●	Restricted use. Has efficacy similar to the antihypertensive effects of the individual constituents added together in the treatment of essential hypertension.
Temsirolimus (Torisel®)	●	Not recommended for use within NHS Scotland for the treatment of adult patients with relapsed and/or refractory mantle cell lymphoma (MCL)
Temzolamide (Temodal®)	●	Not recommended for the treatment of newly diagnosed glioblastoma multiforme (GBM) concomitantly with radiotherapy and subsequently as monotherapy.
Tenofovir disoproxil fumarate (Viread®)	●	Accepted for general use. In combination with other antiretroviral agents in HIV infected patients over 18 years of age experiencing virological failure

	●	Accepted for the treatment of chronic hepatitis B in adults with compensated liver disease, with evidence of active viral replication, persistently elevated serum alanine aminotransferase (ALT) levels and histological evidence of active inflammation and/or fibrosis. Tenofovir has been shown to be significantly more effective than another nucleoside reverse transcriptase inhibitor in achieving a complete composite response (virological plus histological response) in a greater proportion of patients with chronic hepatitis B infection with HBeAg positive and HBeAg negative disease.
Tenofovir 245mg/emtricitabine 200mg (Truvada®)	●	Accepted for use for the treatment of Human Immunodeficiency Virus (HIV-1) infected adults in combination with other antiretroviral medicinal products. The demonstration of the benefit of is based solely on studies performed in treatment-naïve patients.
Teriparatide (Forsteo®)	●	Restricted use. For the treatment of established (severe) osteoporosis in post- menopausal women.
	●	Not recommended for the treatment of osteoporosis associated with sustained systemic glucocorticoid therapy in women and men at increased risk for fracture.
	●	Not recommended for the treatment of osteoporosis in men at increased risk of fracture. Teriparatide was associated with a greater increase in lumbar spine bone mineral density than placebo. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.
Testosterone gel (Testogel® and Testim®)	●	Restricted use as replacement therapy for adult male hypogonadism when testosterone deficiency has been confirmed by clinical features and biochemical tests. It offers an alternative to testosterone patches for those patients requiring a transdermal delivery system. Testosterone is at least as effective as testosterone patches and costs less.
Testosterone transdermal patch (Intrinsa®)	●	Not recommended for the treatment of hypoactive sexual desire disorder (HSDD) in bilaterally oophorectomised and hysterectomised (surgically induced menopause) women receiving concomitant oestrogen therapy. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.
Testosterone 2% gel (Tostran®)	●	Accepted for restricted use for replacement therapy with testosterone for male hypogonadism when testosterone deficiency has been confirmed by clinical symptoms and laboratory analyses. It is an alternative to other formulations of testosterone gel, with similar costs for equivalent doses. It is restricted to use as an alternative to testosterone patches for those patients requiring a transdermal delivery system. Testosterone gel is at least as effective as testosterone patches and

		costs less.
Testosterone 30mg mucoadhesive buccal (prolonged release) tablets (Striant®)	●	Restricted use. Testosterone replacement therapy in men with primary or secondary hypogonadism
Testosterone (Nebido®) injection	●	Accepted for use as testosterone replacement therapy for male hypogonadism when testosterone deficiency has been confirmed by clinical features and biochemical tests. Compared with alternative intramuscular preparations it offers the advantage of reduced frequency of dosing with less inter-dose fluctuation of testosterone levels.
Thalidomide (Thalidomide Pharmion®)	●	Accepted for use in combination with melphalan and prednisone, as first line treatment of patients with untreated multiple myeloma, aged 65 years or over or ineligible for high dose chemotherapy. Thalidomide is prescribed and dispensed according to the Thalidomide Pharmion Pregnancy Prevention Programme.
Tiotropium bromide (Spiriva®)	●	Accepted for general use. Maintenance treatment of chronic obstructive pulmonary disease (COPD)
Tiotropium respimat inhaler (Spiriva Respimat®)	●	Accepted for restricted use as maintenance bronchodilator treatment to relieve symptoms of patients with chronic obstructive pulmonary disease. It may be used for patients in whom tiotropium is an appropriate choice of maintenance bronchodilator treatment but it is restricted to patients who have poor manual dexterity and therefore have difficulty using the Handihaler device.

Tipranavir (Aptivus®) 250mg capsule	●	Accepted for restricted use when used in combination with low dose ritonavir for the treatment of HIV-1 infection in highly pre-treated patients (from 12 years and over) with virus resistant to multiple protease inhibitors. At 48 weeks, tipranavir, in combination with low dose ritonavir, showed a significant improvement in the reduction of viral load compared with other protease inhibitor plus ritonavir regimens. Although the overall rate and type of adverse events were similar, tipranavir had a higher incidence of hepatotoxicity, hyperlipidaemia, bleeding events and rash. Tipranavir is more expensive than other protease inhibitors and it is restricted to patients with a tipranavir mutation score of less than 4.
Tipranavir (Aptivus®) 100mg/ml oral solution	●	Accepted for restricted use as above, but for children from 2 to 12 years of age. (NB. The oral solution is not interchangeable with the capsules on a mg-for-mg basis due to differences in bioavailability)
Tobramycin 300mg/4ml nebuliser solution (Bramitob®)	●	Accepted for use for the management of chronic pulmonary infection due to <i>Pseudomonas aeruginosa</i> in patients with cystic fibrosis aged 6 years and older. Consideration should be given to official guidance on the appropriate use of antibacterial agents. This preparation offers an alternative to an existing nebuliser solution at a lower cost per dose.
Tolvaptan (Samsca®)	●	For the treatment of adult patients with hyponatraemia secondary to syndrome of inappropriate antidiuretic hormone secretion (SIADH). <i>Not recommended for use.</i>
Topiramate (Topamax®)	●	Restricted use, initiated only by physicians who have appropriate experience in the treatment of epilepsy. Accepted for restricted use within NHS Scotland for the prophylaxis of migraine headache in adults. It should be restricted to initiation by specialists and treatment should be managed under specialist supervision or shared care arrangements in patients who have not responded to prophylactic treatment with at least one other agent.
Topotecan (Hycamtin®)	●	Not recommended for the treatment of patients with relapsed small cell lung cancer (SCLC) for whom re-treatment with the first-line regimen is not considered appropriate. In a trial comparing oral topotecan plus active symptom control (ASC) to ASC alone the difference in median survival was 12 weeks, in favour of the oral topotecan plus ASC group. Topotecan is not available as an oral formulation in the UK, however in one trial the response rate and median survival duration were similar for oral and IV topotecan groups. The treatment's cost in relation to its health benefits was not sufficient to gain acceptance by SMC.

	●	Accepted for restricted use in combination with cisplatin for patients with carcinoma of the cervix recurrent after radiotherapy and for patients with stage IVB disease. It is restricted to patients who are cisplatin-naïve. In an open-label study, overall and progression-free survival were significantly longer for cisplatin plus topotecan compared with cisplatin alone. Haematological adverse events were more common in the cisplatin plus topotecan group. The economic submission demonstrated that topotecan plus cisplatin was cost effective compared to cisplatin alone in cisplatin-naïve patients. However, the manufacturer's justification of the treatment's cost in relation to its health benefit was not sufficient to gain acceptance by SMC for use in patients with previous exposure to cisplatin.
Tramadol 37.5mg/paracetamol 325mg (Tramacet®)	●	Not recommended for use for the symptomatic treatment of moderate to severe pain. Tramacet costs significantly more than its individual components prescribed separately.
Trastuzumab (Herceptin®)	●	Accepted for restricted use for the treatment of patients with HER2 positive early breast cancer following surgery, chemotherapy (neoadjuvant or adjuvant) and radiotherapy (if applicable). In the pivotal trial, the addition of one year of 3-weekly trastuzumab after adjuvant chemotherapy significantly increased disease-free survival compared with that in the observation group. The trial excluded patients with a range of cardiovascular conditions and trastuzumab treatment for early breast cancer is not recommended in such patients. In patients treated with trastuzumab for early breast cancer, monitoring of cardiac function is required before treatment, every three months during treatment and for up to two years after treatment has stopped. Trastuzumab in this indication is restricted to use by breast cancer specialists.
	●	Not recommended in combination with an aromatase inhibitor for metastatic breast cancer. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland.
Travoprost (Travatan®)	●	Restricted use. Treatment of raised intraocular pressure (IOP) in patients with ocular hypertension or open-angle glaucoma.
Travoprost/timolol (Duotrav®) eyedrops	●	Accepted for use in patients for whom this is an appropriate combination of agents. They decrease intra-ocular pressure in patients with open-angle glaucoma or ocular hypertension who are insufficiently responsive to topical beta-blockers or prostaglandin analogues alone. There is no significant additional cost associated with the combination product compared with the

		individual components and it allows patients to administer fewer drops.
Triptorelin (Gonapeptyl Depot®)	●	Accepted for use for the treatment of confirmed central precocious puberty in girls under nine years and boys under ten years.
Triptorelin 11.25mg injection every 3 months (Decapeptyl SR®)	●	Accepted for use for the treatment of endometriosis in patients for whom the use of triptorelin is appropriate and who would benefit from reduced frequency of administration compared with triptorelin 3mg injection every 4 weeks (Decapeptyl).
	●	Accepted for use for the treatment of precocious puberty (onset before 8 years in girls and 9 years in boys). For patients for whom this drug is appropriate, it is associated with an increased dose interval (3 months vs. 1 month) and reduced costs compared to an existing pre-filled syringe formulation of triptorelin.
Trospium chloride (Flotros®)	●	For symptomatic treatment of urge incontinence and/or increased urinary frequency and urgency as may occur in patients with overactive bladder (e.g. idiopathic or neurologic detrusor overactivity). <i>Accepted for use.</i> <i>Oxybutynin</i> is first-line choice of anticholinergic in the D&G Joint Formulary. Trospium is a 3 rd line agent. Flotros is an immediate release preparation of trospium and is considerably more expensive than other immediate release drug preparations for this condition e.g. oxybutynin.

U

Ulipristal acetate (EllaOne®)	●	For emergency contraception within 120 hours (5 days) of unprotected sexual intercourse or contraceptive failure. <i>Accepted for use.</i> Locally, anticipated use is in the 72-120 hour post-exposure time period e.g. outside the licensed timeframe for other emergency hormonal contraception. Supply will be via sexual health clinics or GPs. Emergency IUDs will continue to be offered where appropriate and remain the 1 st -line option for later presentations.
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V

Valganciclovir (Valcyte®)	●	Restricted use. Currently only licensed for the management of CMV retinitis in AIDS patients
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Valsartan (Diovan®)	●	Accepted for restricted use to improve survival following myocardial infarction (MI) in clinically stable patients with signs, symptoms or radiological evidence of left ventricular failure and/or with left ventricular systolic dysfunction. Valsartan has been shown to be as effective as the ACE inhibitor, captopril, in this patient population and should be considered a second-line alternative in patients who cannot tolerate an ACE inhibitor.
	●	Valsartan 320 mg tablet (Diovan®) is accepted for the treatment of hypertension. In patients for whom the use of valsartan is appropriate it allows administration of a 320 mg dose as a single tablet at less cost than 2 x 160 mg capsules. Angiotensin receptor blockers are an alternative to ACE inhibitors where these are not tolerated.
Valsartan/hydrochlorothiazide (Co-Diovan®)	●	Accepted for general use for the treatment of essential hypertension in patients whose blood pressure is not adequately controlled on valsartan monotherapy
Vardenafil (Levitra®)	●	Accepted for general use for erectile dysfunction
Varenicline tablets (Champix®)	●	Accepted for use for smoking cessation in adults. It should be used only as a component of a smoking cessation support programme. The benefits of an additional treatment course in those who have stopped smoking after the initial 12 weeks of therapy appear modest. Efficacy and safety in patients with significant co-morbidity are uncertain.
Venlafaxine extended release capsules (Efexor XL®)	●	Not recommended for the treatment of moderate to severe generalised social anxiety disorder/social phobia in adults.
Vildagliptin (Galvus®)	●	Accepted for restricted use for the treatment of type 2 diabetes mellitus as dual oral therapy in combination with metformin, in patients with insufficient glycaemic control despite maximal tolerated dose of monotherapy with metformin. It is restricted to use in patients only when the addition of sulphonylureas is not appropriate, and represents an alternative to other agents such as thiazolidinediones. Efficacy, as assessed by measurement of glycated haemoglobin (HbA1c), is similar to thiazolidinedione drugs added at this stage in therapy. It appears to have minimal effect on body weight. Vildagliptin is also licensed for use in combination with sulphonylureas or thiazolidinedione drugs for the treatment of type 2 diabetes. The manufacturer's submission related only to the use of vildagliptin in combination with metformin. SMC cannot recommend the use of vildagliptin in combination with these agents.

	<ul style="list-style-type: none"> Accepted for use for the treatment of type 2 diabetes mellitus as dual oral therapy in combination with a sulphonylurea, in patients with insufficient glycaemic control despite maximal tolerated dose of a sulphonylurea or for whom metformin is inappropriate due to contraindications or intolerance. When added to a sulphonylurea, vildagliptin had a modest beneficial effect on glycated haemoglobin (HbA1C). Vildagliptin is also licensed for use in combination with metformin or thiazolidinedione drugs for the treatment of type 2 diabetes. SMC has already issued advice on use in combination with metformin (see above). As this submission from the manufacturer related only to the use of vildagliptin in combination with a sulphonylurea, SMC cannot recommend the use of vildagliptin in combination with thiazolidinedione drugs.
Vildagliptin 50mg/metformin hydrochloride 850mg film coated tablets and vildagliptin 50mg/metformin hydrochloride 1000mg film coated tablets (Eucreas® 50mg/850mg and 50mg/1000mg)	<ul style="list-style-type: none"> Accepted for restricted use for the treatment of type 2 diabetes mellitus patients who are unable to achieve sufficient glycaemic control at their maximally tolerated dose of oral metformin alone or who are already treated with the combination of vildagliptin and metformin as separate tablets. The addition of vildagliptin to metformin is restricted to use in patients only when the addition of sulphonylureas is not appropriate, and represents an alternative to other agents such as thiazolidinediones. Efficacy, as assessed by measurement of glycated haemoglobin (HbA1c), is similar to thiazolidinedione drugs added at this stage in therapy. It appears to have minimal effect on body weight.
Voriconazole (Vfend®)	<ul style="list-style-type: none"> Accepted for restricted use for the treatment of candidaemia in non-neutropenic patients. Voriconazole provides an additional agent for the treatment of candidaemia in non-neutropenic patients. Its use is restricted to patients with fluconazole-resistant Candida infection who do not respond to, or cannot tolerate amphotericin B therapy or who are at an increased risk of serious side-effects with amphotericin.

Z

Zoledronic acid (Aclasta®) infusion	●	Accepted for use for the treatment of Paget's disease of bone in patients for whom the use of a bisphosphonate is appropriate. Zoledronic acid infusion resulted in similar levels of pain relief but greater and more sustained reduction of serum alkaline phosphatase (a marker of bone turnover) than one course of an oral bisphosphonate.
	●	Accepted for treatment of osteoporosis in post-menopausal women at increased risk of fractures. Intravenous zoledronic acid is restricted to use in patients who are unsuitable for or unable to tolerate oral treatment options for osteoporosis. Treatment initiation should be under specialist supervision. This preparation is licensed for administration once a year and has been shown to reduce the incidence of vertebral and hip fractures over 3 years compared with placebo.
	●	Not recommended for the treatment of osteoporosis in men at increased risk of fracture, including those with a recent low-trauma hip fracture. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication.
Zonisamide (Zonegran®)	●	Accepted for restricted use as adjunctive therapy in adult patients with partial seizures, with or without secondary generalisation. It should be initiated only by physicians who have appropriate experience in the treatment of epilepsy and should be used principally in patients who have not benefited from treatment with an older ant-convulsant drug such as carbamazepine or sodium valproate, or for whom these drugs are unsuitable because of contra-indications, interaction or poor tolerance.