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NHS Forth Valley

ADTC Newsletter
New Drugs & Therapeutic Advances

Outlined below in this newsletter are the recommendations for new drugs which have been through the locally agreed process (see appendix I).

Please remember that the ADTC advises prescribers **not** to prescribe any drug that has been rejected by Scottish Medicines Consortium (SMC) or has not yet been considered by SMC.

Where a medicine is not recommended for use by the Scottish Medicines Consortium (SMC) for use in NHS Scotland, including those medicines not recommended due to non-submission, this will be noted by the Area Drug and Therapeutics Committee New Drug Sub Group and the medicine will not be added to the NHS Forth Valley Formulary.

Where a medicine that has not been accepted by the SMC or NHS Health Improvement Scotland (HIS) following their appraisal on clinical and cost-effectiveness, there is a Individual Patient Treatment Request (IPTR) process which provides an opportunity for clinicians i.e. hospital Consultants or General Practitioners to pursue approval for prescribing, on a "case by case" basis for individual patients.

A copy of this policy can be found at the Pharmacy page on the Intranet on the following link:
http://intranet.fv.scot.nhs.uk/web/FILES/Pharmacyfiles/NHSFVIPTRpolicywithappendicesv1_3final.pdf

GUIDELINES AND POLICIES

All guidelines and policies approved by the Area Drug and Therapeutics Committee can be found on the Quality Improvement Website on the link below.

http://www.qifv.scot.nhs.uk/

Drugs Not Approved By the Scottish Medicines Consortium

Prescribing of SMC non-recommended drugs is monitored nationally by the Information Services Directorate (ISD) of the NHS National Services Scotland and reported to the Forth Valley Primary Care Pharmacy Services. As part of our locally agreed process, practices will be routinely notified on a quarterly basis of any items which are not recommended for use, and advised to review therapy.

The Acute Services will similarly be monitoring the use of SMC non-recommended drugs and will feedback usage to their Executives via the Finance Report.

SMC Independent Review Panel

Where there are no significant new data or analyses, the sponsor company may ask that SMC convenes an Independent Review Panel (IRP) to look again at the existing data and analyses. An IRP may only be requested after a first SMC assessment has been completed, but can then be requested at any time when the drug is not in an SMC assessment process.
The IRP will be appointed by the SMC on the advice from the Chairman and Secretariat, and shall comprise 7 members:

- 3 members (where possible) appointed from the SMC/NDC (people who, by reason of absence, have not previously been involved in the particular submission, including former members of SMC or NDC), one of whom shall be appointed to chair the panel.

- 4 members (or more if required) appointed from Scottish Area Drug and Therapeutics Committees (or their successors/equivalents) and/or other respected experts in the relevant scientific field, who need not necessarily be working in Scotland.

The IRP will review the original submission(s) considered by the pharmacy and health economic assessment teams, the output from these review teams and the views of the NDC and SMC. Should support and advice be required then this shall be provided by the usual Assessment Teams, but will be provided by persons not involved in the original review(s)/ assessment(s).
The timeline from notification to request an IRP and publication of the final SMC advice is expected to be at least 6 months, due to the requirement to convene the panel and chair.
The IRP will report back to the SMC who shall remain the final arbiter in all cases.

NICE guidance

NICE Single technology Appraisal (STA): SMC is the source of advice for Scotland on new drug therapies and the NICE STA process therefore has **no status in Scotland**. If a NICE STA endorses a drug that was not recommended by the SMC, it is open to the manufacturers to resubmit the drug to SMC with new evidence.

NICE Multiple Technology Appraisal (MTA): NHS Healthcare Improvement Scotland (NHS HIS) reviews MTAs and decides whether the recommendations should apply in Scotland where Healthcare Improvement Scotland (HIS) decides that an MTA should apply in Scotland, the NICE guidance supersedes SMC advice. Unlike the SMC process, MTAs examine a disease area or a class of drugs and usually contain new evidence gathered after the launch of drugs or new economic modelling.

This information is reviewed by the New Drugs group on a routine basis.

HIS Comments on NICE Single Technology Appraisals	HIS Guidance Summary	SMC Decision and comments	Date of SMC decision	On Forth Valley formulary Yes/No
NICE (Single) Technology Appraisal Guidance No 215 - Pazopanib for the first-line treatment of advanced renal cell carcinoma	**Refer to NICE documentation for full guidance www.nice.org.uk/guidance/TA215**	**Accepted for restricted use** **Indication under review:** first-line treatment of advanced renal cell carcinoma (RCC) and for patients who have received prior cytokine therapy for advanced disease **SMC restriction**: use is restricted to the first-line treatment of advanced RCC	**7/3/11**	**No**
NICE (Single) Technology Appraisal Guidance No 295 – Everolimus in combination with exemestane for treating advanced HER2-negative hormone-receptor-positive breast cancer after endocrine therapy	**Refer to NICE documentation for full guidance www.nice.org.uk/guidance/TA295**	**Not recommended** **Indication under review:** treatment of hormone receptor-positive, human epidermal growth factor type 2 (HER2)/neu negative advanced breast cancer, in combination with exemestane, in postmenopausal women without symptomatic visceral disease after recurrence or progression following a non-steroidal aromatase inhibitor	**8/7/13**	**Yes**
NICE (Single) Technology Appraisal Guidance No 296 – Crizotinib for previously treated non-small-cell lung cancer associated with an anaplastic lymphoma kinase fusion gene	**Refer to NICE documentation for full guidance www.nice.org.uk/guidance/TA296**	**Not recommended** **Indication under review**: treatment of adults with previously treated anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC)	**13/5/13**	**No**
NICE (Single) Technology Appraisal Guidance No 297 – Ocriplasmin for treating vitreomacular traction	**Refer to NICE documentation for full guidance www.nice.org.uk/guidance/TA297**	**Not recommended** **Indication under review:** in adults for the treatment of vitreomacular traction, including when associated with macular hole or diameter less than or equal to 400 microns	**9/9/13**	**No**

HIS Comments on NICE Single Technology Appraisals	HIS Guidance Summary	SMC Decision and comments	Date of SMC decision	On Forth Valley formulary Yes/No
NICE (Single) Technology Appraisal Guidance No 298 – Ranibizumab for treating choroidal neovascularisation associated with pathological myopia	**Refer to NICE documentation for full guidance www.nice.org.uk/guidance/TA298**	**Accepted for use** **Indication under review:** treatment for visual impairment due to choroidal neovascularisation secondary to pathologic myopia in adults.	**11/11/13**	**Yes**
NICE (Single) Technology Appraisal Guidance No 299 – Bosutinib for previously treated chronic myeloid leukaemia	**Refer to NICE documentation for full guidance www.nice.org.uk/guidance/TA299**	**Not recommended** **Indication under review:** treatment of adult patients with chronic phase, accelerated phase, and blast phase Philadelphia chromosome positive chronic myelogenous leukaemia (Ph+ CML) previously treated with one or more tyrosine kinase inhibitor(s) and for whom imatinib, nilotinib and dasatinib are not considered appropriate treatment options.	**11/11/13**	**No**
NICE (Single) Technology Appraisal Guidance No 301 – Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema after an inadequate response to prior therapy (rapid review of technology appraisal guidance 271)	**Refer to NICE documentation for full guidance www.nice.org.uk/guidance/TA301**	**Not recommended** **Indication under review:** treatment of vision impairment associated with chronic diabetic macular oedema, considered insufficiently responsive to available therapies.	**10/6/13**	**No**
NICE (Single) Technology Appraisal Guidance No 302 – Canakinumab for treating systemic juvenile idiopathic arthritis (terminated appraisal)	**Refer to NICE documentation for full guidance www.nice.org.uk/guidance/TA302**	**Not recommended** **Indication under review:** treatment of active Systemic Juvenile Idiopathic Arthritis (SJIA) in patients aged two years and older who have responded inadequately to previous therapy with non-steroidal anti-inflammatory drugs (NSAIDs) and systemic corticosteroids. Ilaris can be given as monotherapy or in combination with methotrexate.	**11/11/13**	**No**

HIS Comments on NICE Multiple Technology Appraisals	HIS Guidance Summary	SMC Decision and comments	Date of SMC decision	On Forth Valley formulary Yes/No
NICE (Multiple) Technology Appraisal Guidance No 300 – Peginterferon alfa and ribavirin for treating chronic hepatitis C in children and young people	**Refer to NICE documentation for full guidance www.nice.org.uk/guidance/TA300**	**Pegylated interferon alpha-2a (Pegasys®) – accepted for restricted use.** **Indication under review**: in combination with ribavirin, is indicated for the treatment of chronic hepatitis C (CHC) in treatment-naïve children and adolescents five years of age and older, who are positive for serum hepatitis-C-virus ribonucleic acid (HCV-RNA). When deciding to initiate treatment in childhood, it is important to consider growth inhibition induced by combination therapy. The reversibility of growth inhibition is uncertain. The decision to treat should be made on a case-by-case basis. **SMC restriction**: prescribing by specialist in paediatric infectious disease or paediatric gastroenterology.	**10/6/13**	**Pegylated interferon alpha and Ribavirin both included in formulary**

All information provided by this newsletter constitutes the most current advice of the Forth Valley Area Drug and Therapeutics Committee. All SMC information and decisions are correct at time of issue, but may be liable to change in future.
For full SMC advice on specific drugs please refer to the SMC website **www.scottishmedicines.org**

Warfarin Rivaroxaban, Apixaban and Dabigatran

Deep Vein Thrombosis (DVT) & Pulmonary Embolism (PE)

Rivaroxaban will be first line for patients with DVT and PE.

Atrial Fibrillation (AF)

Warfarin will remain the 1st line choice of anticoagulant. Rivaroxaban will be second line according to Scottish Medicines Consortium (SMC) restrictions (intolerant of warfarin or have poor control defined as an INR in target range on <60% of readings). Apixaban and Dabigatran are alternative agents that should be continued in Forth Valley if they have been prescribed for a patient from another Health Board.

Rivaroxaban and apixaban should only be considered if the risk benefit calculation for anticoagulation would not preclude the use of warfarin.

Drugs Approved / Not Recommended By SMC

Category 1	Included on the NHS Board formulary for the indication in question
Category 2	Included pending protocol
Category 3	Not included on the NHS Board Formulary because the NHS Board decision is that the medicine does not represent sufficient added benefit to other comparator medicines to treat the condition in question which are already available in the formulary
Category 4	Not included on the NHS Board Formulary because clinicians do not support the formulary inclusion
Category 5	Not included on the NHS Board Formulary because clinicians have not responded to an invitation to apply for formulary inclusion to this medicine
Category 6	Not included pending protocol

The ADTC recommends that prescribers may prescribe these drugs in accordance with SMC advice.

Drug (approved by SMC)	SMC Advice	New Drugs Sub-group Outcome
Atomoxetine 10mg, 18mg, 25mg, 40mg, 60mg, 80mg and 100mg capsules (Strattera®)	**Accepted for use** **Indication under review**: treatment of attention-deficit/hyperactivity disorder (ADHD) in adults as part of a comprehensive treatment programme. The presence of symptoms that were pre-existing in childhood should be confirmed.	**Category 1**
Axitinib, 1mg and 5mg, film coated tablets (Inlyta®) **Resubmission**	**Accepted for use** **Indication under review:** for the treatment of adult patients with advanced renal cell carcinoma (RCC) after failure of prior treatment with sunitinib or a cytokine.	**Category 6**
Azelastine hydrochloride 137micrograms plus fluticasone propionate 50micrograms per actuation nasal spray (Dymista® nasal spray) **Product Update**	**Not recommended** For the relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis if monotherapy with either intranasal antihistamine or glucocorticoid is not considered sufficient.	**Not included in the formulary as not recommended by SMC**

Drug (approved by SMC)	SMC Advice	New Drugs Sub-group Outcome
Bimatoprost 0.3mg/mL plus timolol 5mg/mL, preservative-free, single-dose eye drops (Ganfort® Unit Dose Preservative Free) **Product Update**	**Accepted for restricted use** **Indication under review**: for the reduction of intraocular pressure (IOP) in adults patients with open-angle glaucoma or ocular hypertension who are insufficiently responsive to topical beta-blockers or prostaglandin analogues.	**Category 1 (not to be used 1st line) Preservative free for use in patients with allergy to preservatives or patients receiving more than 4 doses of preservative per day**
Bortezomib 3.5mg powder for solution for injection. (Velcade®)	**Accepted for restricted use** **Indication under review:** in combination with dexamethasone, or with dexamethasone and thalidomide, for the induction treatment of adult patients with previously untreated multiple myeloma who are eligible for high-dose chemotherapy with haematopoietic stem cell transplantation. **SMC restriction**: use as triple therapy in combination with dexamethasone and thalidomide	**Category 6**
Bosutinib 100mg, 500mg film-coated tablets (Bosulif®)	**Not recommended** Treatment of adult patients with chronic phase, accelerated phase, and blast phase Philadelphia chromosome positive chronic myelogenous leukaemia (Ph+ CML) previously treated with one or more tyrosine kinase inhibitor(s) and for whom imatinib, nilotinib and dasatinib are not considered appropriate treatment options	**Not included in the formulary as not recommended by SMC**
Botulinum toxin type A 50, 100, 200 Allergan units/vial (Botox®)	**Accepted for use** **Indication under review**: Management of urinary incontinence in adult patients with neurogenic detrusor overactivity due to subcervical spinal cord injury (traumatic or non-traumatic) or multiple sclerosis, who are not adequately managed with anticholinergics; patients should be already catheterising or willing and able to catheterise if required.	**Category 2**
Botulinum toxin type A 50, 100, 200 Allergan units/vial (Botox®)	**Not recommended** Management of bladder dysfunctions in adult patients with overactive bladder with symptoms of urinary incontinence, urgency and frequency who are not adequately managed with anticholinergics.	**Not included in the formulary as not recommended by SMC**
Canakinumab 150mg powder for solution for injection (Ilaris®)	**Not recommended** Treatment of active Systemic Juvenile Idiopathic Arthritis (SJIA) in patients aged two years and older who have responded inadequately to previous therapy with non-steroidal anti-inflammatory drugs (NSAIDs) and systemic corticosteroids. Ilaris can be given as monotherapy or in combination with methotrexate.	**Not included in the formulary as not recommended by SMC**
Carglumic acid 200mg dispersible tablets (Carbaglu®)	**Accepted for use** **Indication under review**: hyperammonaemia due to isovaleric acidaemia, methylmalonic acidaemia and propionic acidaemia.	**Category 1**
Cefuroxime sodium 50mg powder for solution for injection (Aprokam®)	**Not recommended** Antibiotic prophylaxis of postoperative endophthalmitis after cataract surgery.	**Not included in the formulary as not recommended by SMC**

Drug (approved by SMC)	SMC Advice	New Drugs Sub-group Outcome
Cobicistat 150mg film coated tablet (Tybost®)	**Not recommended** Pharmacokinetic enhancer of atazanavir 300mg once daily or darunavir 800mg once daily as part of antiretroviral combination therapy in human immunodeficiency virus-1 (HIV-1) infected adults.	**Not included in the formulary as not recommended by SMC**
Crizotinib, 200mg and 250mg, hard capsule (Xalkori®)	**Accepted for use** **Indication under review**: Treatment of adults with previously treated anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC).	**Category 6**
Eltrombopag, 25mg, 50mg, 75mg film-coated tablets (Revolade®)	**Accepted for use** **Indication under review**: in adult patients with chronic hepatitis C virus infection, for the treatment of thrombocytopenia, where the degree of thrombocytopenia is the main factor preventing the initiation or limiting the ability to maintain optimal interferon-based therapy.	**Category 6**
Enzalutamide 40mg soft capsules (Xtandi®) **Product Update**	**Accepted for use** **Indication under review**: treatment of adult men with metastatic castration-resistant prostate cancer (MCRPC) whose disease has progressed on or after docetaxel therapy.	**Category 6**
Granisetron 3.1mg / 24 hours transdermal patch (Sancuso®) **Product Update**	**Accepted for use** **Indication under review**: in adults for the prevention of nausea and vomiting associated with moderately or highly emetogenic chemotherapy, for planned duration of 3 to 5 consecutive days, where oral anti-emetic administration is complicated by factors making swallowing difficult.	**Category 4**
Imatinib 100mg/400mg film coated tablets (Glivec®)	**Not recommended** Treatment of paediatric patients with newly diagnosed Philadelphia chromosome positive acute lymphoblastic leukaemia (Ph+ ALL) integrated with chemotherapy.	**Not included in the formulary as not recommended by SMC**
Imiquimod 3.75% cream (Zyclara®)	**Not recommended** Topical treatment of clinically typical, nonhyperkeratotic, nonhypertrophic, visible or palpable actinic keratosis (AK) of the full face or balding scalp in immunocompetent adults when other topical treatment options are contraindicated or less appropriate.	**Not included in the formulary as not recommended by SMC**
Lapatinib 250mg film-coated tablets (Tyverb®)	**Not recommended** Treatment of adult patients with breast cancer, whose tumours overexpress HER2 (ErbB2) in combination with traztuzumab for patients with hormone receptor-negative metastatic disease that has progressed on prior trastuzumab therapy(ies) in combination with chemotherapy	**Not included in the formulary as not recommended by SMC**
Mannitol 40mg inhalation powder hard capsule (Bronchitol®) **Resubmission**	**Accepted for restricted use** **Indication under review:** treatment of cystic fibrosis (CF) in adults aged 18 years and above as an add-on therapy to best standard of care. **SMC restriction**: as an add-on to best standard of care in adult patients with CF who are not currently using dornase alfa due to lack of response, intolerance or ineligibility and have rapidly declining lung function and in whom other osmotic agents are considered unsuitable.	**Category 6**
Micronized progesterone 200mg capsules (Utrogestan Vaginal®)	**Not recommended** Supplementation of the luteal phase during Assisted Reproductive Technology (ART) cycles.	**Not included in the formulary as not recommended by SMC**

Drug (approved by SMC)	SMC Advice	New Drugs Sub-group Outcome
Nalmefene 18mg film-coated tablets (Selincro®)	**Accepted for use** **Indication under review**: the reduction of alcohol consumption in adult patients with alcohol dependence who have a high drinking risk level (DRL), without physical withdrawal symptoms and who do not require immediate detoxification. Nalmefene should only be prescribed in conjunction with continuous psychosocial support focused on treatment adherence and reducing alcohol consumption. Nalmefene should be initiated only in patients who continue to have a high DRL two weeks after initial assessment.	**Category 2**
Pertuzumab 30mg/mL concentrate for solution for infusion (Perjeta®)	**Not recommended** For use in combination with trastuzumab and docetaxel in adult patients with human epidermal growth factor-2 (HER2)-positive metastatic or locally recurrent unresectable breast cancer, who have not received previous anti-HER2 therapy or chemotherapy for their metastatic disease.	**Not included in the formulary as not recommended by SMC**
Ondansetron 4mg, 8mg orodispersible films (Setofilm®) **Product Update**	**Accepted for restricted use** **Indication under review:** In adults: • Prophylaxis of acute nausea and vomiting induced by moderately emetogenic chemotherapy. • Prophylaxis and treatment of delayed nausea and vomiting induced by moderately to highly emetogenic chemotherapy. • Prophylaxis and treatment of acute and delayed nausea and vomiting induced by highly emetogenic radiotherapy. • Prophylaxis and treatment of post-operative nausea and vomiting (PONV). In paediatric populations: • Management of chemotherapy-induced nausea and vomiting in children aged ≥6 months. • Prophylaxis and treatment of post-operative nausea and vomiting (PONV) in children aged ≥4 years. **SMC restriction**: ondansetron orodispersible films are restricted to use in patients with an enhanced risk of aspiration or who experience difficulties in swallowing.	**Category 1**
Ranibizumab, 10mg/mL, solution for injection (Lucentis®)	**Accepted for use** **Indication under review**: treatment for visual impairment due to choroidal neovascularisation secondary to pathologic myopia in adults.	**Category 1**
Saxagliptin 2.5mg and 5mg film-coated tablets (Onglyza®)	**Accepted for restricted use** **Indication under review:** in adult patients aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control as triple oral therapy in combination with metformin plus a sulphonylurea when this regimen alone, with diet and exercise, does not provide adequate glycaemic control. **SMC restriction:** as an alternative dipeptidyl peptidase-4 inhibitor option.	**Category 4**
Saxagliptin plus metformin, 2.5mg / 850mg and 2.5mg / 1000mg film-coated tablets (Komboglyze®)	**Accepted for use** **Indication under review:** in combination with a sulphonylurea (i.e. triple combination therapy) as an adjunct to diet and exercise to improve glycaemic control in adult patients aged 18 years and older	**Category 4**

Drug (approved by SMC)	SMC Advice	New Drugs Sub-group Outcome
Product Update	with type 2 diabetes	
Sodium phenylbutyrate 483mg/g (Pheburane®) **Product Update**	**Accepted for use** **Indication under review:** adjunctive therapy in the chronic management of urea cycle disorders, involving deficiencies of carbamylphosphate synthetase, ornithine transcarbamylase or argininosuccinate synthetase.	**Category 1**
Tocilizumab, 20mg/mL concentrate for infusion (RoActemra®)	**Accepted for use** **Indication under review:** tocilizumab in combination with methotrexate is indicated for the treatment of juvenile idiopathic polyarthritis (rheumatoid factor positive or negative and extended oligoarthritis) in patients 2 years of age and older, who have responded inadequately to previous therapy with methotrexate. Tocilizumab can be given as monotherapy in case of tolerance to methotrexate or where continued treatment with methotrexate is inappropriate.	**Category 1**
Trastuzumab, 600mg/5ml solution for injection (Herceptin®)	**Accepted for restricted use** **Indication under review:** treatment of adult patients with HER2 positive metastatic breast cancer (MBC) and early breast cancer (EBC) in a range of settings (full details of licensed indication presented in the advice document). Trastuzumab should only be used in patients with metastatic or early breast cancer whose tumours have either HER2 overexpression of HER2 gene amplification as determined by an accurate and validated assay. **SMC restriction**: subcutaneous trastuzumab injection is accepted for use in line with previous SMC advice for intravenous	**Category 1**
Vemurafenib 240mg film-coated tablet (Zelboraf®) **Resubmission**	**Accepted for restricted use** **Indication under review:** as monotherapy for the treatment of adult patients with BRAF V600 mutation-positive unresectable or metastatic melanoma. SMC restriction: for use in the first-line treatment of BRAF V600 mutation-positive unresectable or metastatic melanoma.	**Category 6**
Vildagliptin 50mg tablets (Galvus®)	**Accepted for restricted use** **Indication under review:** treatment of type 2 diabetes mellitus in adults as triple oral therapy in combination with a sulphonylurea and metformin when diet and exercise plus dual therapy with these medicinal products do not provide adequate glycaemic control.	**Category 4**
Vismodegib 150mg hard capsules (Erivedge®)	**Not recommended** Treatment of adult patients with: • Symptomatic metastatic basal cell carcinoma • Locally advanced basal cell carcinoma inappropriate for surgery and radiotherapy	**Not included in the formulary as not recommended by SMC**

Changes on ADTC decisions for SMC approved Drugs

Drug (approved by SMC)	SMC Advice	Previous decision and date	New FV Formulary position
Nepafenac (Nevanac®)	**Accepted for use** **Indication under review:** reduction in the risk of postoperative macular oedema associated with cataract surgery in diabetic patients.	Not included 11/10/12	**Category 1**
Collagenase Clostridium Histolyticum (Xiapex®)	**Accepted for restricted use** **Indication under review:** treatment of Dupuytren's contracture in adult patients with palpable cord. **SMC restriction:** restricted to use as an alternative to limited fasciectomy in adult patients with Dupuytren's contracture of moderate severity (as defined by the British Society for Surgery of the hand (BSSH), with a palpable cord and up to two affected joints per hand, who are suitable for limited fasciectomy, but for whom percutaneous needle fasciectomy is not considered a suitable treatment option.	Not included 10/5/12	**Category 1**

Process Flowchart (Appendix 1)

NHS FORTH VALLEY PRESCRIBING OF NEW MEDICINES FLOWCHART

This flowchart outlines the NHS Forth Valley process for the prescribing of new medicines. This follows guidance from the Scottish Government for the managed introduction and availability of newly licensed medicines in NHS Scotland