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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 316 – Enzalutamide for metastatic hormone-relapsed prostate cancer previously treated with a docetaxel-containing regimen	**Refer to NICE documentation for full guidance www.nice.org.uk/guidance/316**	**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.	**11/11/13**	**Yes**
NICE (Single) Technology Appraisal Guidance No 318 – Lubiprostone for treating chronic idiopathic constipation	**Refer to NICE documentation for full guidance www.nice.org.uk/guidance/318**	**Not recommended** **Indication under review:** the treatment of chronic idiopathic constipation and associated symptoms in adults, when response to diet and other non-pharmacological measures (e.g. educational measures, physical activity) are appropriate	**11/8/14**	**Not approved by SMC therefore not included in the formulary.**
NICE (Single) Technology Appraisal Guidance No 319 – Ipilimumab for previously untreated advanced (unresectable or metastatic) melanoma	**Refer to NICE documentation for full guidance www.nice.org.uk/guidance/319**	**Accepted for use** **Indication under review:** treatment of advanced (unresectable or metastatic) melanoma in adults who have received prior therapy.	**8/4/13**	**Yes**
NICE (Single) Technology Appraisal Guidance No 317 – Prasugrel with percutaneous coronary intervention for treating acute coronary syndromes (review of technology appraisal guidance 182)	**Refer to NICE documentation for full guidance www.nice.org.uk/guidance/317**	**Prasugrel co-administered with aspirin is accepted for restricted use** 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	**7/9/09**	**Yes – for clopidogrel intolerance, stent thrombosis on clopidogrel and for continuation of therapy recommended by tertiary centre**
NICE (Single) Technology Appraisal Guidance No 320 – Dimethyl fumarate for treating relapsing-remitting multiple sclerosis.	**Refer to NICE documentation for full guidance www.nice.org.uk/guidance/320**	**Accepted for use** **Indication under review:** treatment of adult patients with relapsing remitting multiple sclerosis.	**7/3/14**	**Yes**

NICE (Single) Technology Appraisal Guidance No 321 – Dabrafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma	**Refer to NICE documentation for full guidance www.nice.org.uk/guidance/321**	On next Work programme		**No**
NICE (Single) Technology Appraisal Guidance 322 – Lenalidomide for treating myelodysplastic syndromes associated with an isolated deletion 5q cytogenic abnormality	**Refer to NICE documentation for full guidance www.nice.org.uk/guidance/322**	Accepted for use **Indication under review**: for the treatment of patients with transfusion-dependent anaemia due to low or intermediate 1 risk myelodysplastic syndromes associated with an isolated deletion 5q cytogenic abnormality when other therapeutic options are insufficient or inadequate	**7/2/14**	**Yes**

HIS Comments on NICE Multiple Technology Appraisals	HIS Guidance Summary	SMC Decision and comments	Date of SMC decision	On Forth Valley formulary Yes/No
NO SUBMISSIONS				

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**

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
Aflibercept, 40mg/mL solution for injection (Eylea®) SMC No: 1003/14	**Accepted for restricted use** **Indication under review:** for adults for the treatment of visual impairment due to diabetic macular oedema (DMO). **SMC restriction**: treatment of visual impairment due to DMO in adults with best corrected visual acuity (BCVA) 75 Early Treatment Diabetic Retinopathy Study (ETDRS) letters or less at baseline.	**Category 1**
Alogliptin 25mg, 12.5mg, 6.25mg, film-coated tablets (Vipidia®) SMC No: 937/14	**Accepted for restricted use** **Indication under review:** for adults aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control in combination with other glucose lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. **SMC restriction**: dual therapy • In combination with metformin, when metformin alone, with diet and exercise does not provide adequate glycaemic control in patients for whom the addition of a sulphonylurea is inappropriate. • In combination with a sulphonylurea, when sulfonylurea alone, together with diet and exercise does not provide adequate glycaemic control in patients for whom the addition of metformin is inappropriate due to contra-indications or intolerance.	**Category 1**
Alogliptin 12.5mg plus metformin 1000mg combination tablet (Vipdomet®) SMC No: 998/14 **Product Update**	**Accepted for restricted use** **Indication under review**: in the treatment of adult patients aged 18 years and older with type 2 diabetes mellitus: • As an adjunct to diet and exercise to improve glycaemic control in adult patients, inadequately controlled on their maximal tolerated dose of metformin alone, or those already being treated with the combination of alogliptin and metformin. • In combination with pioglitazone (i.e. triple combination therapy) as an adjunct to diet and exercise in adult patients inadequately controlled on their maximal tolerated dose of metformin and pioglitazone. • In combination with insulin (i.e. triple combination therapy) as an adjunct to diet and exercise to improve glycaemic control in patients when insulin at a stable dose and metformin alone do	**Category 1**

Drug (approved by SMC)	SMC Advice	New Drugs Sub-group Outcome
	not provide adequate glycaemic control. **SMC restriction**: to use in patients for whom this fixed dose combination of alogliptin and metformin is an appropriate choice of therapy and only when the addition of a sulphonylurea to metformin monotherapy is not appropriate.	
Azelastine hydrochloride 137micrograms plus fluticasone propionate 50 micrograms per actuation nasal spray (Dymista® nasal spray) SMC No: 921/13 **Product Update**	**Accepted for use** **Indication under review:** 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,	**Category 1**
Bretuximab vedotin 50mg powder for concentrate for solution for infusion (Adcetris®) SMC No: 989/14	**Accepted for restricted use** **Indication under review**: treatment of adult patients with relapsed or refractory CD30+ Hodgkin lymphoma (HL): 1. Following autologous stem cell transplant (ASCT) or 2. Following at least two prior therapies when ASCT or multi-agent chemotherapy is not a treatment option and Treatment of adult patients with relapsed or refractory systemic anaplastic large cell lymphoma (sALCL) . **SMC restriction**: treatment of adult patients with relapsed or refractory CD30+ Hodgkin lymphoma (HL): 1. Following autologous stem cell transplant (ASCT) or 2. Following at least two prior therapies when ASCT or multi-agent chemotherapy is not a treatment option.	**Category 6**
Brinzolamide 10mg/mL and brimonidine tartrate 2mg/ml eye drops, suspension (Simbrinza®) A/L	**Accepted for use** **Indication under review:** decrease of elevated intraocular pressure (IOP) in adult patients with open-angle glaucoma or ocular hypertension for whom monotherapy provides insufficient IOP reduction.	**Category 1**
Capsaicin, 179mg, cutaneous patch (Qutenza®) SMC No: 673/11 **Resubmission**	**Accepted for restricted use** **Indication under review:** for the treatment of peripheral neuropathic pain in non-diabetic adults either alone or in combination with other medicinal products for pain. **SMC restriction**: to use in patients who have not achieved adequate pain relief from, or have not tolerated, conventional first and second line treatments.	**Category 1** **Additional comment to be included in the formulary to say 'recommendation by pain clinic only, specialist training is required for application of patch'**
Cholecalciferol 25,000 international units oral solution (InVita D3®) **Product Update**	**Accepted for use** **Indication under review:** the prevention and treatment of vitamin D deficiency.	**Category 1**
Clindamycin 1% / tretinoin 0.025% gel (Treclin®) **Product Update**	**Accepted for use** **Indication under review:** for the topical treatment vulgaris when comedones, papules and pustules are present in patients 12 years or older.	**Category 1**
Dabigatran etexilate, 110mg, 150mg capsules (Pradaxa®) SMC No: 995/14	**Accepted for use** **Indication under review:** treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults.	**Category 6**

Drug (approved by SMC)	SMC Advice	New Drugs Sub-group Outcome
Daclatasvir 30mg and 60mg film-coated tablets (Daklinza®) SMC No: 1002/14	**Accepted for restricted use** **Indication under review:** in combination with other medicinal products for the treatment of chronic hepatitis C virus (HCV) infection in adults. **SMC restriction:** in combination with other medicinal products for the treatment of chronic hepatitis C virus (HCV) infection in adults.	**Category 1**
Denosumab 60mg solution for injection in a pre-filled syringe (Prolia®) SMC No: 1013/14	**Not recommended** **Indication under review:** osteoporosis in men at increased risk of fractures.	**Not recommended by SMC therefore not included in the formulary**
Dolutegravir 50mg, abacavir 600mg plus lamivudine 300mg film-coated tablets (Triumeq®) **Product Update**	**Accepted for use** **Indication under review:** for the treatment of Human Immunodeficiency Virus (HIV) infected adults and adolescents above 12 years of age weighing at least 40kg.	**Category 1**
Empagliflozin 10mg and 25mg tablet (Jardiance®) SMC No: 993/14	**Accepted for restricted use** **Indication under review:** treatment of type 2 diabetes to improve glycaemic control in adults as add-on combination therapy: in combination with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. **SMC restriction**: to use in the following situations: • Dual therapy in combination with metformin, when a sulphonylurea is inappropriate • Triple therapy in combination with metformin plus standard of care • Add-on insulin therapy in combination with insulin plus standard of care	**Category 6**
Everolimus 2.5mg, 5mg and 10mg tablets (Afinitor®) SMC No: 595/10 **Resubmission**	**Accepted for use** **Indication under review:** 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.	**Category 2**
Fingolimod 0.5mg, hard capsules (Gilenya®) SMC No: 992/14	**Accepted for restricted use** **Indication under review**: as a single disease modifying therapy in highly active relapsing remitting multiple sclerosis for the following patient groups: - patients with high disease activity despite treatment with at least one disease modifying therapy. OR - patients with rapidly evolving severe relapsing remitting multiple sclerosis defined by two or more disabling relapses in one year, and with one or more Gadolinium enhancing lesions on brain MRI or a significant increase in T2 lesion load as compared to a previous recent MRI. **SMC restriction**: for use in patients with rapidly evolving severe relapsing remitting multiple sclerosis. SMC has previously published advice concerning patients with high disease activity despite treatment with beta-interferon but not other disease modifying therapies.	**Category 1**
Golimumab, 50mg and 100mg solution for injection (Simponi®) SMC No: 946/13	**Not recommended** **Indication under review**: treatment of moderately to severely active ulcerative colitis in adult patients who have had an inadequate response to conventional therapy including corticosteroids and 6-mercaptopurine or azathioprine, or who are intolerant to or have	**Not recommended by SMC therefore not included in the formulary**

Drug (approved by SMC)	SMC Advice	New Drugs Sub-group Outcome
	medical contraindications for such therapies	
Indacaterol maleate 143micrograms (equivalent to 110microgram indacaterol) with glycopyrronium bromide 63micrograms (equivalent to 50microgram glycopyrronium) inhalation powder hard capsules (Ultibro® Breezhaler® 85micrograms/43microgram [delivered dose]) **Product Update**	**Accepted for use** **Indication under review:** maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD).	**Category 4**
Ipilimumab 5mg/mL concentrate for solution for infusion (Yervoy®)	**Accepted for use** **Indication under review:** treatment of advanced (unresectable or metastatic) melanoma in adults (first-line use)	**Category 2**
Lurasidone, 18.5mg, 37mg, 74mg film-coated tablets (Latuda®) SMC No: 994/14	**Accepted for restricted use** **Indication under review:** for the treatment of schizophrenia in adults aged 18 years and over. **SMC restriction**: as an alternative treatment option in patients in whom it is important to avoid weight gain and metabolic adverse effects.	**Category 1**
Mifepristone 200mg tablet and misoprostol 0.2mg vaginal tablets combipack (Medabon®) SMC No: 913/13 **Product Update**	**Accepted for use** **Indication under review:** for medical termination of developing intra-uterine pregnancy of up to 63 days of amenorrhoea	**Category 6**
Misoprostol, 200microgram, vaginal delivery system (Mysodelle®) SMC No: 996/14	**Accepted for use** **Indication under review:** Induction of labour in women with an unfavourable cervix, from 36 weeks gestation, in whom induction is clinically indicated.	**Category 4**
Obinutuzumab 1,000mg concentrate for solution for infusion (Gazyvaro®)	**Accepted for use** **Indication under review:** in combination with chlorambucil, obinutuzumab is indicated for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia (CLL) and with co morbidities making them unsuitable for full-dose fludarabine based therapy.	**Category 6**
Pemetrexed, 100mg & 500mg, powder for concentrate for solution for infusion (Alimta®)	**Accepted for use** **Indication under review:** monotherapy for the maintenance treatment of locally advanced or metastatic non-small cell lung cancer other than predominantly squamous cell histology in patients whose disease has not progressed immediately following platinum-based chemotherapy.	**Category 2**
Pertuzumab 30mg/mL concentrate for solution for infusion (Perjeta®) SMC No: 897/13 **Resubmission**	**Not recommended** **Indication under review:** for use in combination with trastuzumab and docetaxel in adult patients with HER2-positive metastatic or locally recurrent unresectable breast cancer, who have not received previous anti-HER2 therapy or chemotherapy for their metastatic disease.	**Not recommended by SMC therefore not included in the formulary**

Drug (approved by SMC)	SMC Advice	New Drugs Sub-group Outcome
Pomalidomide 1mg, 2mg, 3mg and 4mg hard capsules (Imnovid®) **Resubmission**	**Accepted for use** **Indication under review:** in combination with dexamethasone for the treatment of adult patients with relapsed and refractory multiple myeloma who have received at least two prior treatment regimens, including lenalidomide and bortezomib, and have demonstrated disease progressions on the last therapy.	**Category 2**
Posaconazole 100mg gastro-resistant tablets (Noxafil®) SMC No: 999/14 **Product Update**	**Accepted for restricted use** **Indication under review:** in the treatment of the following fungal infections in adults: - invasive aspergillosis in patients with disease that is refractory to amphotericin B or itraconazole or in patients who are intolerant of these medicinal products; - fusariosis in patients with disease that is refractory to amphotericin B or in patients who are intolerant of amphotericin B; - Chromoblastomycosis and mycetoma in patients with disease that is refractory to amphotericin B, itraconazole or fluconazole or in patients who are intolerant of these medicinal products. for prophylaxis of invasive fungal infections in the following patients: - Patients receiving remission-induction chemotherapy for acute myelogenous leukaemia (AML) or myelodysplastic syndromes (MDS) expected to result in prolonged neutropenia and who are at high risk of developing invasive fungal infections; - Hematopoietic stem cell transplant (HSCT) recipients who are undergoing high-dose immunosuppressive therapy for graft versus host disease and who are at high risk of developing invasive fungal infections. SMC restriction: to patients in whom there is a specific risk of *Aspergillus* infection or where fluconazole or itraconazole are not tolerated on the advice of local microbiologists or specialists in infectious diseases.	**Category 6**
Riociguat 0.5mg, 1mg, 1.5mg, 2mg, 2.5mg film-coated tablets (Adempas®)	**Accepted for restricted use** **Indication under review:** chronic thromboembolic pulmonary hypertension (CTEPH): Treatment of adult patients with World Health Organisation (WHO) functional class II to III with • Inoperable CTEPH • Persistent or recurrent CTEPH after surgical treatment, to improve exercise capacity SMC restriction: for patients in whom a PDE5 inhibitor is inappropriate, not tolerated, or ineffective.	**Category 1** **Additional comment to be added – specialist recommendation from the Scottish Pulmonary Vascular Unit**
Saxagliptin, 2.5mg and 5mg, film-coated tablets (Onglyza®) SMC No: 772/12	**Accepted for use** **Indication under review:** in adult patients aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control as combination therapy with insulin (with or without metformin), when this regimen alone, with diet and exercise, does not provide adequate glycaemic control.	**Category 4**
Simeprevir 150mg hard capsules (Olysion®) SMC No: 988/14	**Accepted for use** **Indication under review:** in combination with other medicinal products for the treatment of chronic hepatitis C in adult patients.	**Category 1**
Telavancin hydrochloride 250mg and 750mg powder for concentrate for solution for infusion (Vibativ®) SMC No: 1015/14	**Not recommended** **Indication under review**: treatment of adults with nosocomial pneumonia (NP) including ventilator associated pneumonia, known or suspected to be caused by methicillin-resistant Staphylococcus aureus (MRSA)	**Not recommended by SMC therefore not included in the formulary**

Drug (approved by SMC)	SMC Advice	New Drugs Sub-group Outcome
Tetracaine / lidocaine (Pliaglis 70mg/g + 70mg/g cream) SMC No: 1000/14	**Not recommended** **Indication under review**: local dermal anaesthesia on intact skin prior to dermatological procedures in adults.	**Not recommended by SMC therefore not included in the formulary**
Tocilizumab 20mg/ml concentrate for solution for infusion (RoActerma)	**Not recommended** **Indication under review:** treatment of severe, active and progressive rheumatoid arthritis in adults not previously treated with methotrexate.	**Not recommended by SMC therefore not included in the formulary**
Trastuzumab emtansine, 100mg and 160mg, powder for concentrate for solution for infusion (Kadcyla®) SMC No: 990/14	**Not recommended** **Indication under review**: as a single agent, for the treatment of adult patients with human epidermal growth factor type 2 (HER2)-positive, unresectable locally advanced or metastatic breast cancer who previously received trastuzumab and a taxane, separately or in combination. Patients should have either: • Received prior therapy for locally advanced or metastatic disease, or • Developed disease recurrence during or within six months of completing adjuvant therapy.	**Not recommended by SMC therefore not included in the formulary**
Umeclidinium, 55 micrograms, powder for inhalation (Incruse®)	**Accepted for use** **Indication under review:** as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD).	**Category 4**
Voriconazole 50mg and 200mg film-coated tablets/200mg powder for solution for infusion/200mg powder and solvent for solution for infusion/40mg/ml powder for oral suspension (Vfend®) SMC No: 1014/14	**Not recommended** **Indication under review**: prophylaxis of invasive fungal infections in high risk allogeneic hematopoietic stem cell transplant (HSCT) recipients.	**Not recommended by SMC therefore not included in the formulary**

Changes on ADTC decisions for SMC approved Drugs

Drug (approved by SMC)	SMC Advice	Previous decision and date	New FV Formulary position
Fluticasone furoate / vilanterol 92/22, 184/22 micrograms inhalation powder (Relvar Ellipta®)	**Accepted for use** **Indication under review**: the regular treatment of asthma in adults and adolescents aged 12 years and older where use of a combination medicinal product (long-acting beta$_2$-agonist and inhaled corticosteroid) is appropriate in patients not adequately controlled with inhaled corticosteroids and 'as needed' inhaled short acting beta$_2$-agonists.	**Category 6 29/5/14**	**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