Recommendations from the Lothian Formulary Committee (FC) following Scottish Medicines Consortium (SMC) advice, NICE MTA advice, (FAF3) unlicensed and off-label medicines and (FAF2) medicines not considered by SMC

2 – Cardiovascular System

In alphabetical order

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
ajmaline 50mg/10ml intravenous infusion (Gilurytmal®) *Solvay Pharmaceuticals*	Diagnosis of Brugada syndrome 	Added to the Additional List, for Specialist Use only. Ajmaline for Brugada syndrome has been categorised **RED** under the ADTC 'Policy for the use of unlicensed (and off-label use) Medicines in NHS Lothian'. Specialist Use only.	September 2009
alirocumab 75mg and 150mg solution for injection in pre-filled pen (Praluent®) *Sanofi* 08.08.16 *SMC Report No. 1147/16* Patient Access Scheme	Restricted use: alirocumab (Praluent®) is accepted for restricted use within NHS Scotland in adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet: - in combination with a statin or statin with other lipid lowering therapies in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin or, alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated. SMC restriction: for specialist use only in patients at high cardiovascular risk as follows: - patients with heterozygous familial hypercholesterolaemia (HeFH) and LDL-C ≥5.0mmol/L, for primary prevention of cardiovascular events or, - patients with HeFH and LDL-C ≥3.5mmol/L, for secondary prevention of cardiovascular events or, - patients at high risk due to previous cardiovascular events and LDL-C ≥4.0mmol/L or, - patients with recurrent/polyvascular disease and LDL-C ≥3.5mmol/L. In a large phase III clinical study program, alirocumab significantly reduced LDL-C from baseline to week 24 versus active and placebo comparators in patients with hypercholesterolaemia unable to reach lipid goals with currently available therapies. SMC advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost effectiveness of alirocumab and is contingent upon the continuing availability of the PAS in NHS Scotland or a list price that is equivalent or lower.	Included on the Additional List, for Specialist Use only, for the indication in question as noted below. For the treatment of adults with familial hypercholesterolaemia if they are unable to reach LDL-C levels (as specified in the SMC recommendation above), despite maximally tolerated lipid-lowering therapy as: • primary CV prevention where LDL-C ≥5.0mmol/L, • secondary CV prevention where LDL-C ≥3.5mmol/L	December 2016

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
aliskiren (Rasilez®) *Novartis Pharmaceutical UK Ltd* 08.02.10 *SMC Report No. 462/08* RESUBMISSION	NOT RECOMMENDED: aliskiren (Rasilez®) is not recommended for use within NHSScotland for the treatment of essential hypertension. Aliskiren has shown comparable efficacy to other antihypertensive agents in terms of blood pressure reduction, though its effects on mortality and long-term morbidity are currently unknown. The manufacturer did not present a sufficiently robust clinical or economic analysis to gain acceptance by SMC for the position sought.	NOT RECOMMENDED	
alteplase (Actilyse®) *Boehringer Ingelheim* 08.03.04 *SMC Report No. 87/04.*	Restricted use: alteplase (rt-PA) (Actilyse) is accepted for restricted use within NHS Scotland for the treatment of acute ischaemic stroke. Alteplase is licensed in the UK for the early treatment of acute ischaemic stroke, but there are potentially fatal risks incurred in using this treatment. The use of alteplase is therefore confined to specialist centres with adequate resources and appropriate expertise. It is associated with an increased risk of intracerebral haemorrhage including fatal haemorrhage and must be used strictly in accordance with detailed protocols specifying the availability of appropriate expertise and resources, including computerised tomography or magnetic resonance imaging in order to exclude haemorrhagic stroke. Treatment centres must participate in the post-marketing surveillance study SITS-MOST (Safe Implementation of Thrombolysis in Stroke Monitoring Study) designed to determine whether alteplase is as safe and beneficial in routine clinical practice as has been shown in the clinical trial setting.	Added to the Formulary. Alteplase is the only thrombolytic licensed for acute ischaemic stroke. Treatment must be started within 3 hours of onset of symptoms and in strict accordance with detailed protocols in Specialist centres.	May 2004
alteplase 2mg powder and solvent for solution for injection for infusion (Actilyse Cathflo®) *Boehringer Ingelheim* 08.08.11 *SMC Report No: 717/11* PRODUCT UPDATE (abbreviated submission)	Restricted use: alteplase 2mg powder and solvent for solution for injection (Actilyse Cathflo®) is accepted for restricted use within NHS Scotland. Indication under review: thrombolytic treatment of occluded central venous access devices including those used for haemodialysis. SMC restriction: to use where alteplase is the product of choice for the treatment of occluded venous access devices. This is a new formulation introduced for this extension to the alteplase marketing authorisation and the 2-mL vial is the only presentation licensed for this indication.	Not included on the LJF because clinicians have not responded to an invitation to apply for formulary inclusion. 'Not Preferred' in Lothian. A submission has not been made to FC regarding this product for this indication.	May 2012
alteplase, 10mg, 20mg, 50mg, powder and solvent for solution for injection and infusion 11.06.12 *SMC Report No. 714/11*	Accepted for use: alteplase (Actilyse®) is accepted for use within NHS Scotland for the fibrinolytic treatment of acute ischaemic stroke. Treatment must be started as early as possible within 4.5 hours after onset of the stroke symptoms and after exclusion of intracranial haemorrhage by appropriate imaging techniques (e.g. cranial computerised tomography or other diagnostic imaging method sensitive for the presence of haemorrhage). Evidence for the extension of the time window in which alteplase can be administered is from a placebo-controlled study. Alteplase treatment resulted in significantly more patients having no symptoms or no significant disabling symptoms at three months compared to placebo.	Included on the LJF for the indication in question, Specialist Use only.	November 2012

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alteplase (Actilyse®) *Boehringer*	For iliofemoral DVT. 	Added to the Additional List, for Specialist Use only. alteplase (Actilyse®) has been categorised **RED** under the ADTC 'Policy and procedures for the use of unlicensed medicines'. *Note: alteplase (Actilyse®) is approved for use by interventional radiologist consultant only.*	November 2015
ambrisentan, 5mg and 10mg tablets (Volibris®) *GlaxoSmithKline* 10.11.08 *SMC Report No. 511/08*	Restricted use: ambrisentan 5mg and 10mg tablets (Volibris®) is accepted for restricted use within NHS Scotland 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.	Approved for use – patients receive prescriptions from the Scottish Pulmonary Vascular Unit	August 2009
amlodipine (Istin®) *Pfizer*	Hypertension	Amlodipine to replace nifedipine as first choice calcium channel blocker in the LJF.	December 2006
amlodipine / valsartan 5mg/80mg, 5mg/160mg, 10mg/160mg (Exforge®) tablet *Novartis Pharmaceuticals UK Ltd* *For patients whose blood pressure is not adequately controlled on amlodipine or valsartan monotherapy.* 12.03.07 *SMC Report No. 350/07* PRODUCT UPDATE (abbreviated submission)	Accepted for use: amlodipine/valsartan (Exforge®) is 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.	'Not preferred' as suitable alternatives exist.	October 2007
amlodipine 1mg/mL oral solution	Hypertension in children	Included on the LJF as first choice (Children's formulary).	September 2015

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apixaban 2.5mg film-coated tablet (Eliquis®) *Bristol-Myers Squibb Pharmaceuticals Ltd/Pfizer Ltd.* 12.12.11 *SMC Report No. 741/11*	Accepted for use: apixaban (Eliquis®) is accepted for use within NHS Scotland for prevention of venous thromboembolic events (VTE) in adult patients who have undergone elective hip or knee replacement surgery. In two large phase III double-blind comparative studies, in patients undergoing elective hip or knee replacement surgery, apixaban was superior to a low molecular weight heparin for the incidence of VTE and all cause death whilst incidence of major bleeding events was similar between groups.	Not included on the LJF because the NHS Lothian decision is that the medicine does not represent sufficient added benefit to other comparator medicines to treat the condition in question.	July 2012
apixaban 2.5mg and 5mg film-coated tablets (Eliquis®) *Bristol-Myers Squibb / Pfizer* 11.02.13 *SMC Report No. 836/13*	Accepted for use: apixaban (Eliquis®) is accepted for use within NHS Scotland for the prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (NVAF), with one or more risk factors, such as prior stroke or transient ischaemic attack (TIA); age ≥75 years; hypertension; diabetes mellitus; symptomatic heart failure (NYHA class ≥II). Apixaban was superior to standard oral anticoagulation at preventing stroke or systemic embolism in one large, double-blind study in patients with atrial fibrillation and at least one risk factor for stroke. It was also associated with a significant reduction in risk of major bleeding.	Included on the LJF as a second choice drug for the indication in question.	April 2013
apixaban, 2.5mg & 5mg, film-coated tablets (Eliquis®) *Bristol-Myers Squibb and Pfizer* 09.03.15 SMC Report No. 1029/15	Accepted for use: apixaban (Eliquis®) is accepted for use within NHS Scotland as treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE) and prevention of recurrent DVT and PE in adults. One phase III study showed non-inferiority of apixaban versus standard anticoagulant therapy including a low molecular weight heparin in combination with a vitamin K antagonist for treatment of DVT/PE. In a 12 month phase III study apixaban demonstrated superiority versus placebo for the prevention of recurrent DVT/PE.	Included on the LJF as first choice for the indication in question.	October 2015
argatroban, 100mg/mL, concentrate for solution for infusion (Exembol®) *Mitsubishi Pharma Europe Ltd* 12.08.13 *SMC Report No. 812/12* RESUBMISSION	Accepted for use: argatroban (Exembol®) is accepted for use within NHS Scotland for anticoagulation in adult patients with heparin-induced thrombocytopenia type II who require parenteral antithrombotic therapy. Argatroban produces anticoagulant effects in adults with heparin-induced thrombocytopenia type II. However there is limited evidence that the anticoagulant effects are associated with a reduction in thrombosis and deaths due to thrombosis.	Included on the Additional List, Specialist Use only, for the indication in question.	August 2013
atorvastatin (Lipitor®) *Pfizer Ltd* 10.10.05 *SMC Report No. 202/05* PRODUCT UPDATE (abbreviated submission)	Restricted use: atorvastatin calcium (Lipitor®) is 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. It is restricted to initiation by paediatricians or physicians specialising in the management of lipid disorders.	Added to the LJF for Children as first choice.	September 2006

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atorvastatin 10 and 20mg chewable tablets (Lipitor®) *Pfizer Ltd* 12.03.12 *SMC Report No. 766/12* PRODUCT UPDATE (abbreviated submission)	Accepted for use: atorvastatin chewable tablets (Lipitor®) is accepted for use in NHS Scotland as an adjunct to diet for reduction of elevated total cholesterol (total-C), LDL-cholesterol (LDL-C), apolipoprotein B, and triglycerides in adults, adolescents and children aged 10 years or older with primary hypercholesterolaemia including familial hypercholesterolaemia (heterozygous variant) or combined (mixed) hyperlipidaemia (Corresponding to Types IIa and IIb of the Fredrickson classification) when response to diet and other nonpharmacological measures is inadequate; to reduce total-C and LDL-C in adults with homozygous familial hypercholesterolaemia as an adjunct to other lipid-lowering treatments (e.g. LDL apheresis) or if such treatments are unavailable; prevention of cardiovascular events in adult patients estimated to have a high risk for a first cardiovascular event, as an adjunct to correction of other risk factors. Atorvastatin chewable tablets have demonstrated bioequivalence to atorvastatin film-coated tablets (Lipitor®) and are available at an equivalent cost. However less expensive generic preparations of atorvastatin tablets are expected to become available in the near future.	Included on the LJF as joint first choice drug, for the indication in question.	October 2014
azilsartan medoxomil (Edarbi®) 20mg, 40 mg and 80mg tablets *Takeda* 03.07.12 *SMC Report No. 803/12* NON SUBMISSION	NOT RECOMMENDED: azilsartan medoxomil (Edarbi®) is not recommended for use within NHS Scotland for the treatment of essential hypertension 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 NHSScotland.	NOT RECOMMENDED	
bemiparin 25,000 IU/mL injection for sub-cutaneous administration (Zibor®) *Pan Quimica Farmaceutica, S.A.* 09.07.07 *SMC Report No. 206/05* RESUBMISSION	NOT RECOMMENDED: bemiparin 25,000 IU/mL (Zibor®) is 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.	NOT RECOMMENDED	
bemiparin, 2500 IU in 0.2mL and 3500 IU in 0.2mL, injection for sub-cutaneous administration (Zibor®) *Amdipharm* 10.10.05 *SMC Report No. 205/05*	NOT RECOMMENDED: bemiparin (Zibor®) is not recommended for use within NHS Scotland for the prevention of clotting in the extracorporeal circuit during haemodialysis. It showed similar efficacy to unfractionated heparin in preventing coagulation in the extracorporeal circuit but has not been compared with other low molecular weight heparins. No evidence of the cost effectiveness of bemiparin during haemodialysis has been presented by the manufacturer.	NOT RECOMMENDED	

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bemiparin 3500 IU in 0.2mL injection for sub-cutaneous administration (Zibor®) *Pan Quimica Farmaceutica, S.A.* 07.12.09 *SMC Report No. 204/05* 2ND RESUBMISSION	Accepted for use: bemiparin (Zibor®) is accepted for use within NHS Scotland 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.	'Not preferred' in Lothian as suitable alternatives exist.	May 2011
bemiparin, 2500 IU in 0.2mL injection for sub-cutaneous administration (Zibor®) *Amdipharm* 10.10.05 *SMC Report No. 203/05*	NOT RECOMMENDED: bemiparin (Zibor®) is not recommended for use within NHS Scotland for the prevention of thromboembolic disease in patients undergoing general surgery. In one small study neither bemiparin nor unfractionated heparin was associated with thromboembolic complications following abdominal surgery but major bleeding and wound haematoma were more common with unfractionated heparin. Bemiparin has not been evaluated in other general surgery settings or against other low molecular weight heparins. No evidence of the cost effectiveness of bemiparin during general surgery has been presented by the manufacturer.	NOT RECOMMENDED	
bemiparin 25,000 IU/mL injection for sub-cutaneous administration (Zibor®) *Pan Quimica Farmaceutica, S.A.* 09.07.07 *SMC Report No. 206/05* RESUBMISSION	NOT RECOMMENDED: bemiparin 25,000 IU/ml (Zibor®) is 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.	NOT RECOMMENDED	
bivalirudin 250mg for injection or infusion (Angiox®) *Nycomed UK Ltd* 07.03.05 *SMC Report No. 156/05*	Restricted use: bivalirudin (Angiox®) is accepted for restricted use within NHS Scotland as an anticoagulant in patients undergoing percutaneous coronary intervention (PCI), including percutaneous transluminal coronary angioplasty (PTCA) procedures like angioplasty and balloon angioplasty and PTCA with stenting. It is restricted to patients who would have been considered for treatment with unfractionated 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 unfractionated heparin alone.	'Not preferred' in Lothian. A submission has not been made to FC regarding this product for this indication.	May 2007
bivalirudin, 250mg powder for concentrate for solution for injection or infusion (Angiox®) *The Medicines Company UK Ltd* 08.12.08 *SMC Report No. 516/08*	Restricted use: bivalirudin (Angiox®) is accepted for restricted use within NHS Scotland for the treatment 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.	'Not preferred' in Lothian as suitable alternatives exist.	November 2009

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bivalirudin 250mg powder for concentrate for solution for injection or infusion (Angiox®) *The Medicines Company UK Ltd* 13.09.10 *SMC Report No. 638/10*	Restricted use: bivalirudin (Angiox®) is accepted for restricted use within NHS Scotland. Indication under review: as an anticoagulant in adult patients undergoing percutaneous coronary intervention (PCI), including patients with ST-segment elevation myocardial infarction (STEMI) undergoing primary PCI. Bivalirudin should be administered with aspirin and clopidogrel. Restriction: patients who would have been considered for treatment with heparin in combination with a glycoprotein IIb/IIIa inhibitor. It should not be used as an alternative to heparin alone. In patients with STEMI undergoing PCI, bivalirudin, compared with heparin plus a glycoprotein IIb/IIIa inhibitor, was associated with significantly lower rates of major bleeding, cardiac death and thrombocytopenia.	'Not preferred' in Lothian as suitable alternatives exist.	May 2011
bosentan 62.5mg, 125mg film-coated tablets (Tracleer®) *Actelion Pharmaceuticals UK Ltd* 10.11.08 *SMC Report No. 523/08* NON SUBMISSION	NOT RECOMMENDED: bosentan (Traceleer®), is not recommended for use within NHS Scotland 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. As a result we cannot recommend its use within NHS Scotland.	NOT RECOMMENDED	
bosentan 62.5mg, 125mg film coated tablets (Tracleer®) *Actelion Pharmaceuticals UK* 09.06.08 *SMC Report No.485/08* NON SUBMISSION	NOT RECOMMENDED: bosentan (Tracleer®) is not recommended for use within NHSScotland to reduce the number of new digital ulcers in patients with systemic sclerosis and ongoing digital ulcer 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.	NOT RECOMMENDED	
bosentan (Tracleer®) *Actelion Pharmaceuticals UK Ltd* 07.03.03 *SMC Report No. 32/03*	Restricted use: bosentan (Tracleer®) is recommended for restricted use within NHS Scotland. This medicine was approved by EMEA under the accelerated licensing process, thus evidence of its efficacy is limited. Bosentan may be a potentially useful alternative to epoprostenol for patients with Grade III pulmonary arterial hypertension. It offers major advantages over epoprostenol in its ease of administration. However, there are currently scant data on the effectiveness of these products on patient survival. The hepatotoxicity and teratogenicity of bosentan have led the EMEA to recommend post-marketing surveillance and the company operates this as a controlled release programme. The cost effectiveness of bosentan is impossible to estimate at present, and may be low. Bosentan should only be prescribed for patients who are treated in specialist centres run by physicians experienced in the management of these disorders.	Approved for use - patients receive prescriptions from the Scottish Pulmonary Vascular Unit in Glasgow.	March 2003

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candesartan cilexetil 2, 4, 8, 16 and 32mg tablets (Amias®) *Takeda* 09.05.05 *SMC Report No. 161/05*	Accepted for use: candesartan (Amias®) is 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. Treatment with candesartan reduces mortality and hospitalisation due to heart failure. Candesartan may be used as a second-line agent in patients with chronic heart failure and LVEF = 40% following treatment with an ACE inhibitor and diuretic and with or without a beta-blocker.	Already included in the Formulary as first choice angiotensin-II receptor antagonist for treatment of hypertension and heart failure.	September 2004
cangrelor (Kengraxel®) *The Medicines Company* 08.06.15 *SMC Report No. 1070/15* NON SUBMISSION	NOT RECOMMENDED: cangrelor (Kengraxel®) is not recommended for use within NHS Scotland. Indication under review: Co-administered with acetylsalicylic acid for the reduction of thrombotic cardiovascular events in adult patients with coronary artery disease undergoing percutaneous coronary intervention who have not received an oral P2Y12 inhibitor prior to the PCI procedure and in whom oral therapy with P2Y12 inhibitors is not feasible or desirable. 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	
cilostazol 100mg tablets (Pletal®) *Otsuka* 07.11.05 *SMC Report No. 86/04* RESUBMISSION	NOT RECOMMENDED: cilostazol (Pletal®) is not recommended for use within NHS Scotland 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.	NOT RECOMMENDED	
clopidogrel (Plavix®) *Sanofi-Synthelabo & Bristol-Myers Squibb* 08.03.04 *SMC Report No. 88/04*	Restricted use: clopidogrel (Plavix®) is accepted for restricted use within NHS Scotland for the treatment of acute coronary syndrome (without ST-segment elevation) in combination with aspirin. It should be initiated only during an inpatient stay and only in patients in whom a diagnosis of acute coronary syndrome is confirmed with ECG changes or raised cardiac enzymes/markers. The maximum benefit appears within 3 months of starting treatment and the available information suggests that there is loss of benefit on stopping treatment. Benefits are greatest in patients with a high Thrombosis In Myocardial Infarction (TIMI) risk score (5 - 7).	Included in the Adult Formulary. Prescribing guideline states the criteria by which a patient would qualify for this treatment; the appropriate dose; and the duration of treatment.	November 2004 August 2006
clopidogrel 75mg tablets (Plavix®) *Sanofi-aventis UK and Bristol-Myers Squibb Pharmaceuticals Ltd.* 13.08.07 SMC Report No 390/07	Restricted use: clopidogrel (Plavix®) is 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.	Already included in the formulary. Added to the Formulary as a Prescribing Note - to be used for up to 1 month post ST-elevation myocardial infarction (STEMI).	August 2006

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clopidogrel (Plavix®) *Sanofi-Synthelabo and Bristol-Myers Squibb*	In combination with aspirin for secondary prevention in ST-elevation myocardial infarction (STEMI)	Added to the Formulary as a Prescribing Note - to be used for up to 1 month post ST-elevation myocardial infarction (STEMI).	August 2006
colesevelam hydrochloride (Cholestagel®) *Genzyme Therapeutics Ltd* 11.02.08 *SMC Report No. 451/08* NON SUBMISSION	NOT RECOMMENDED: colesevelam hydrochloride (Cholestagel®), is not recommended for use within NHS Scotland for the treatment of: - 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. 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.	NOT RECOMMENDED	
colesevelam 625mg film-coated tablets (Cholestagel®) *Genzyme Therapeutics* 07.02.11 *SMC Report No. 690/11* NON SUBMISSION	NOT RECOMMENDED: colesevelam (Cholestagel®) is not recommended for use within NHS Scotland. Indication under review: in combination with ezetimibe, with or without a statin, in adult patients with primary hypercholesterolaemia, including patients with familial hypercholesterolaemia. 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	
conestat alfa (Ruconest ®) 2100 U powder for solution for injection *Swedish Orphan Biovitrium Ltd* 10.10.11 *SMC Report No. 745/11* NON SUBMISSION	NOT RECOMMENDED: conestat alfa (Ruconest ®) is not recommended for use within NHS Scotland treatment of acute angioedema attacks in adults with hereditary angioedema (HAE) due to C1 esterase inhibitor deficiency. 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	
dabigatran etexilate, 75mg and 110mg hard capsules (Pradaxa®) *Boehringer Ingelheim Ltd* 09.06.08 *SMC Report No. 466/08*	Accepted for use: dabigatran etexilate (Pradaxa®) is accepted for use within NHS Scotland 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. In two large phase lll 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.	'Not preferred' as suitable alternatives exist.	December 2008

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
dabigatran etexilate 110mg and 150mg hard capsules (Pradaxa®) *Boehringer Ingelheim Ltd* 12.09.11 *SMC Report No. 672/11*	Accepted for use: dabigatran etexilate (Pradaxa®) is accepted for use within NHS Scotland for the prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation with one or more of the following risk factors: • previous stroke, transient ischaemic attack, or systemic embolism • left ventricular ejection fraction <40% • symptomatic heart failure, ≥ New York Heart Association (NYHA) Class 2 • age ≥75 years • age ≥65 years associated with one of the following: diabetes mellitus, coronary artery disease or hypertension Dabigatran etexilate was at least as effective as standard oral anticoagulation at preventing stroke or systemic embolism in one large, open-label study in patients with atrial fibrillation and at least one risk factor for stroke. This was not associated with an increased risk of major bleeding. The economics case made supports the use of the proposed sequenced dosing regimen (whereby the dose is reduced from 150mg twice daily to 110mg twice daily in patients aged≥ 80 years). . This applies whether the alternative treatment is warfarin, aspirin or 'no treatment' (i.e. neither warfarin nor aspirin).	'Not preferred' as suitable alternatives exist.	December 2011
dabigatran etexilate, 110mg, 150mg capsules (Pradaxa®) *Boehringer Ingelheim Ltd.* 13.10.14 *SMC Report No. 995/14*	Accepted for use: dabigatran etexilate (Pradaxa®) is accepted for use within NHS Scotland for the treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults. Dabigatran etexilate was non-inferior to a vitamin K antagonist for recurrent symptomatic venous thromboembolism events (VTE) and death related to VTE in three phase III studies (two in the treatment of DVT/PE and one in the prevention of recurrent DVT/PE). The economic case was based on evidence relating to a maximum of 18 months treatment so the cost-effectiveness of longer term use is uncertain.	Not included on the LJF, because clinicians do not support the formulary inclusion. The current LJF choice is rivaroxaban.	November 2014
dalteparin sodium (Fragmin®) *Pfizer*	Prophylaxis and treatment of venous thromboembolism.	Added to the Formulary as first choice.	September 2010

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
dalteparin sodium, 5,000IU/0.2mL, 7,500IU/0.3mL, 10,000IU/0.4mL, 12,500IU/0.5mL, 15,000IU/0.6mL, 18,000IU/0.72mL solution for injection. (Fragmin®) *Pfizer Ltd* 07.03.11 *SMC Report No. 683/11*	Restricted use: dalteparin (Fragmin®) is accepted for restricted use within NHS Scotland. Indication under review: extended treatment of symptomatic venous thromboembolism (VTE) and prevention of its recurrence in patients with solid tumours. SMC restriction: initiation by healthcare professionals experienced in the treatment of VTE. In patients with cancer and VTE, dalteparin significantly reduced the rates of VTE recurrence over a six month period, compared to oral anticoagulation. Bleeding and mortality rates for patients receiving dalteparin were similar to those reported in patients receiving oral anticoagulant. The economic case was demonstrated for dalteparin compared to other low molecular weight heparins.	Added to the Formulary.	December 2011
digoxin immune fab (Digifab®) *Protherics UK Limited*	Treatment of life threatening digoxin toxicity.	Added to the Additional List for Specialist Use only.	January 2013
dronedarone, 400mg, film-coated tablets (Multaq®) *Sanofi-aventis Ltd* 13.09.10 *SMC Report No. 636/10*	Restricted use: dronedarone (Multaq®) is accepted for restricted use within NHS Scotland. Indication under review: in adult clinically stable patients with a history of, or current nonpermanent atrial fibrillation (AF) to prevent recurrence of AF or to lower ventricular rate. SMC restriction: for the prevention of recurrence of AF in patients in whom beta-blockers, class 1c drugs or amiodarone are contra-indicated, ineffective or not tolerated. Treatment should be initiated on specialist advice only. Dronedarone appears less effective than amiodarone in reducing atrial fibrillation recurrence but has the potential for improved tolerability compared to comparator medicines.	Added to the Additional List, Specialist initiation.	November 2010
edoxaban tosilate 15mg, 30mg, 60mg film-coated tablets (Lixiana®) *Daiichi Sankyo UK Limited* 09.11.15 *SMC Report No. 1090/15*	Accepted: edoxaban (Lixiana®) is accepted for use within NHS Scotland. Indication under review: Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults. One phase III study showed non-inferiority of edoxaban versus a vitamin K antagonist for venous thromboembolism recurrence in patients who had received at least five days treatment with low molecular weight heparin or unfractionated heparin. Edoxaban was also associated with a significant reduction in the risk of major and clinically relevant non-major bleeding (composite endpoint).	Not included on the LJF because clinicians do not support the formulary inclusion. LJF choice is apixaban.	December 2015

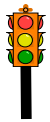
Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
edoxaban tosilate 15mg, 30mg, 60mg film-coated tablets (Lixiana®) *Daiichi Sankyo UK Limited* 09.11.15 *SMC Report No. 1095/15*	Accepted: edoxaban (Lixiana®) is accepted for use within NHS Scotland. Indication under review: for prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (NVAF) with one or more risk factors, such as congestive heart failure, hypertension, age ≥75 years, diabetes mellitus, prior stroke or transient ischaemic attack (TIA). One phase III study showed non-inferiority of edoxaban versus a vitamin K antagonist for the prevention of stroke and systemic embolism in adult patients with NVAF and a $CHADS_2$ score of ≥2. It was also associated with a significant reduction in risk of major bleeding.	Not included on the LJF because clinicians do not support the formulary inclusion. LJF choice is apixaban.	December 2015
enoxaparin 20mg, 40mg, 60mg, 80mg, 100mg 120mg and 150mg pre-filled syringes and 300mg multidose vial (Clexane®) *Sanofi-aventis* 13.07.09 *SMC Report No. 380/07*	Accepted for use: enoxaparin (Clexane®) is accepted for use within NHS Scotland for the treatment of acute ST-segment elevation myocardial infarction (STEMI) including patients to be managed medically or with subsequent percutaneous coronary intervention (PCI) in conjunction with thrombolytic drugs (fibrin or non-fibrin specific). In clinical studies using a median of seven days of enoxaparin treatment, enoxaparin demonstrated a reduction in death or non-fatal MI compared to unfractionated heparin.	'Not preferred' in Lothian. A submission has not been made to Formulary Committee regarding this product for this indication.	August 2010
eplerenone 25mg and 50mg tablets (Inspra®) *Pfizer Ltd* 09.05.05 *SMC Report No. 136/04* RESUBMISSION	Accepted for use: eplerenone (Inspra®) is accepted for use within NHS Scotland in addition to standard therapy including beta blockers, 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. Eplerenone is the second aldosterone antagonist marketed in the UK. It reduces all-cause mortality and cardiovascular-related mortality and hospitalisation in patients with left ventricular dysfunction and clinical evidence of heart failure after an MI. There are no data on its clinical and cost effectiveness in patients with chronic heart failure compared to the other aldosterone antagonist marketed in the UK, which reduces mortality and morbidity in patients with chronic heart failure and is considerably cheaper.	Added to the Formulary as a Prescribing Note. To be initiated in secondary care and continued in primary care, following MI in patients with left ventricular dysfunction and clinical evidence of heart failure (unless the patient is diabetic) who cannot tolerate spironolactone. This differs slightly from the SMC advice in that it includes diabetic patients with no clinical evidence of heart failure.	September 2005
eplerenone 25, 50mg film-coated tablets (Inspra®) *Pfizer Ltd* 09.07.12 *SMC Report No. 793/12*	Accepted for use: eplerenone (Inspra®) is accepted for use within NHS Scotland in addition to standard optimal therapy, to reduce the risk of cardiovascular mortality and morbidity in adult patients with NYHA class II (chronic) heart failure and left ventricular systolic dysfunction (LVEF ≤30%). In the pivotal phase IIIb study, addition of eplerenone to standard optimal therapy significantly reduced the composite of death from cardiovascular causes or hospitalisation for heart failure (primary outcome) and both the risk of cardiovascular death and the risk of hospitalisation (secondary outcomes) in patients with mild heart failure (NYHA class II) and LVEF ≤30%.	Included on the LJF as a prescribing note for the treatment of NYHA class II patients only.	October 2012

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
evolocumab, 140mg, solution for injection in pre-filled pen (Repatha® Sureclick) or pre-filled syringe (Repatha® PFS) *Amgen Limited* 13.02.17 *SMC Report No. 1148/16* RESUBMISSION Patient Access Scheme	Restricted use: evolocumab (Repatha®) is accepted for restricted use within NHS Scotland in adults with primary hypercholesterolaemia (heterozygous familial hypercholesterolaemia and non-familial) or mixed dyslipidaemia, as an adjunct to diet: • in combination with a statin or statin with other lipid lowering therapies in patients unable to reach low density lipoprotein-cholesterol (LDL-C) goals with the maximum tolerated dose of a statin or, • alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated. SMC restriction: for specialist use only, when administered at a dose of 140mg every two weeks, in patients at high cardiovascular risk as follows: • patients with heterozygous familial hypercholesterolaemia (HeFH) and LDL-C ≥5.0mmol/L for primary prevention of cardiovascular events or, • patients with HeFH and LDL-C ≥3.5mmol/L for secondary prevention of cardiovascular events or, • patients at high risk due to previous cardiovascular events and LDL-C ≥4.0mmol/L or • patients with recurrent/polyvascular disease and LDL-C ≥3.5mmol/L In phase III clinical studies, treatment with evolocumab added to optimised background lipid-lowering therapy significantly improved mean percentage change in LDL-C from baseline to week 12, versus placebo and another lipid-lowering treatment, in patients with heterozygous familial and non-familial hypercholesterolaemia and mixed dyslipidaemia. SMC advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost effectiveness of evolocumab and is contingent upon the continuing availability of the PAS in NHS Scotland or a list price that is equivalent or lower. SMC cannot recommend the use of evolocumab in adults and adolescents aged 12 years and over with homozygous familial hypercholesterolaemia in combination with other lipid-lowering therapies as the company's submission related only to its use in primary hypercholesterolaemia (heterozygous familial hypercholesterolaemia and non-familial) and mixed dyslipidaemia.	Not routinely available as local clinical experts do not wish to add the medicine to the formulary at this time or there is a local preference for alternative medicines. Not included on the LJF because clinicians have not responded to an invitation to apply for formulary inclusion for this medicine.	April 2017
ezetimibe (Ezetrol®) *Merck Sharpe & Dohme / Schering-Plough Ltd (UK)* *Primary hypercholesterolaemia / Homozygous Familial Hypercholesterolaemia / Homozygous sitosterolaemia (phytosterolaemia).* 08.09.03 *SMC Report No. 61/03*	Restricted use: ezetimibe (Ezetrol®) is recommended for restricted use within NHS Scotland. Ezetimibe may be considered in combination with a statin for patients who have failed to reach target cholesterol levels despite treatment with titrated/optimised statins alone. It may also be considered as monotherapy where statins are inappropriate or poorly tolerated.	Approved for use - added to the Additional List.	November 2003

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
ezetimibe/simvastatin (Inegy®) *Merck Sharp and Dohme/Schering Plough Ltd* *High cholesterol.* 13.06.05 *SMC Report No. 182/05* PRODUCT UPDATE (abbreviated submission)	Restricted use: ezetimibe/simvastatin (Inegy®) is 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. This reflects advice on ezetimibe issued by the Scottish Medicines Consortium in September 2003 (61/03) and is based on the combined tablets being priced at approximately the same level as the individual ingredients.	'Not preferred' in Lothian. A submission has not been made to FC regarding this product for this indication.	May 2007
flecainide acetate capsules 200mg (Tambocor XL®) *Meda Pharmaceuticals Ltd* 08.12.08 *SMC Report No. 521/08* PRODUCT UPDATE (abbreviated submission)	Accepted for use: flecainide capsules (Tambocor XL®) are accepted for use in NHS Scotland 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.	Added to the Formulary as a 'Prescribing Note'.	December 2008
fluvastatin (Lescol®/Lescol XL®) *Novartis Pharmaceuticals* 09.02.04 *SMC Report No. 76/04*	Restricted use: fluvastatin is accepted for restricted use within NHS Scotland for the secondary prevention of coronary events after percutaneous coronary angioplasty (PCI). Fluvastatin is best placed for the management of patients previously untreated with a statin. In Scotland a significant number of patients being considered for coronary angioplasty are likely to have been prescribed a statin for secondary prevention indications prior to referral for PCI, and in these patients there is no need to change the statin used. Fluvastatin was found to reduce the risk of a major adverse coronary event in patients post-PCI. The reduction in risk was greatest in patients with diabetes mellitus and multivessel disease. The economic model compared fluvastatin to placebo rather than active treatment and, for this comparison, it was cost effective.	'Not preferred' in Lothian. A submission has not been made to FC regarding this product for this indication.	May 2007
fondaparinux (Arixtra®) *Sanofi-Synthelabo* *Prevention of venous thromboembolism (post-op).* 08.11.02 *SMC Report No. 18/02*	Accepted for use: fondaparinux (Arixtra®) is appropriate for use in NHS Scotland. Compared with enoxaparin, fondaparinux has been shown to be associated with fewer thrombo-embolic events and a generally similar incidence of major bleeding. It is licensed for post-operative initiation, and this represents an advantage where regional anaesthesia and/or catheterisation are planned. It is predicted to be a cost effective alternative to enoxaparin in a robust economic model. It may be considered for patients for whom antithrombotic therapy is appropriate, recognising that other antithrombotic agents and other approaches to prophylaxis may be more suitable in some situations.	Approved for use - added to the LJF. For use in orthopaedic units as thromboprophylaxis in potential hip fractures and hip and knee replacement surgery. Specialist Use only.	April 2004

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
fondaparinux (Arixtra®) *GlaxoSmithKline* 08.05.06 *SMC Report No. 261/06* NON SUBMISSION	NOT RECOMMENDED: fondaparinux (Arixtra®) is 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. 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	
fondaparinux (Arixtra®) *GlaxoSmithKline* 08.05.06 *SMC Report No. 262/06* NON SUBMISSION	NOT RECOMMENDED: fondaparinux (Arixtra®) is not recommended for use within NHSScotland for the treatment of acute deep vein thrombosis (DVT) and the treatment of acute pulmonary embolism (PE). 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	
fondaparinux 2.5mg/0.5mL solution for injection (Arixtra®) *GlaxoSmithKline* 07.08.06 *SMC Report No. 287/06*	NOT RECOMMENDED: fondaparinux (Arixtra®) is 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. The economic case has not been demonstrated.	NOT RECOMMENDED	
fondaparinux sodium, 2.5mg/0.5ml solution for injection, pre-filled syringe (Arixtra®) *GlaxoSmithKline* 10.12.07 *SMC Report No. 420/07*	Accepted for use: fondaparinux (Arixtra®) is 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.	Added to the LJF replacing enoxaparin as first choice in unstable angina, non-ST segment elevation MI and ST segment elevation MI.	March 2008
fondaparinux sodium 2.5mg/0.5ml pre-filled syringe for injection (Arixtra®) *GlaxoSmithKline* 11.02.08 *SMC Report No. 439/08*	Accepted for use: fondaparinux sodium (Arixtra®) is 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.	Added to the LJF replacing enoxaparin as first choice in unstable angina, non-ST segment elevation MI and ST segment elevation MI.	March 2008
fondaparinux sodium 1.5mg/0.3mL solution for injection, pre-filled syringe (Arixtra®) *GlaxoSmithKline* 13.12.10 *SMC Report No. 668/10* NON SUBMISSION	NOT RECOMMENDED: fondaparinux sodium (Arixtra®) is not recommended for use within NHS Scotland. Indication under review: treatment of acute symptomatic spontaneous superficial-vein thrombosis of the lower limbs without concomitant deep-vein thrombosis. 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:	

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
ibuprofen intravenous injection 5mg/ml (Pedea®) *Orphan Europe (UK) Ltd* 13.02.06 *SMC Report No. 233/06* NEW PRODUCT (abbreviated submission)	Accepted for use: ibuprofen intravenous injection 5mg/ml (Pedea®) is accepted for use within NHSScotland for the treatment of haemodynamically significant patent ductus arteriosus in pre-term newborn infants of less than 34 weeks gestational age. Safety and efficacy compared to existing alternative treatments has not been formally assessed.	Added to the LJF for Children as second choice for the treatment of closure of the ductus arteriosus.	September 2006
idarucizumab 2.5g/50mL solution for injection/infusion (Praxbind®) *Boehringer Ingelheim Ltd* 12.09.16 *SMC Report No. 1178/16*	Accepted for use: idarucizumab (Praxibind®) is accepted for use within NHS Scotland idarucizumab is a specific reversal agent for dabigatran and is indicated in adult patients treated with dabigatran etexilate when rapid reversal of its anticoagulant effects is required for emergency surgery/urgent procedures or in life-threatening or uncontrolled bleeding. In a phase III, non-randomised, case series study, treatment with idarucizumab reversed the effect of dabigatran, with a median maximum percentage reversal of 100%.	Routinely available in line with national guidance. Included on the Additional List, for Specialist Use only on advice of a Haematologist.	May 2017
iloprost trometamol nebuliser solution (Ventavis®) *Schering Health Care* 12.12.05 *SMC Report No. 219/05*	Restricted use: iloprost trometamol nebuliser solution (Ventavis®) is accepted for restricted use within NHS Scotland 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.	Added to the Additional List, only if initiated by specialists working in the Scottish Pulmonary Vascular Unit.	April 2008
irbesartan (Aprovel®) *Sanofi-Synthelabo & Bristol-Myers Squibb* 09.05.03 *SMC Report No. 38/03*	Restricted use: irbesartan (Aprovel®) is recommended for restricted use within NHS Scotland. Irbesartan, for the treatment of renal disease in patients with hypertension and type 2 diabetes mellitus, is effective, but has not been shown to be any more effective than ACE inhibitors, which are generally less expensive products, and for which there is a strong evidence base in diabetic renal disease and other forms of cardiovascular disease. Therefore, 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.	Approved for use - LJF Cardiovascular Working Group to establish its place in the Formulary.	May 2003
ivabradine 5mg, 7.5mg tablets (Procoralan®) *Servier Laboratories Limited* 12.03.07 *SMC Report No. 319/06* RESUBMISSION	Restricted use: ivabradine (Procoralan®) is 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.	Added to the LJF as a prescribing note, initiation by specialists only, prescribing in primary care.	September 2007

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
ivabradine (Procoralan®) 5mg and 7.5 mg film coated tablets *Servier Laboratories Ltd* 07.02.11 *SMC Report No. 689/11* NON SUBMISSION	NOT RECOMMENDED: ivabradine (Procoralan®) is not recommended for use within NHS Scotland. Indication under review: Symptomatic treatment of chronic stable angina pectoris in coronary artery disease adults with normal sinus rhythm, in combination with beta-blockers, in patients inadequately controlled with an optimal beta-blocker dose and whose heart rate is > 60 bpm. 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	
ivabradine 5 and 7.5mg film-coated tablets (Procoralan®) *Servier Laboratories Ltd* 08.10.12 *SMC Report No. 805/12*	Restricted use: ivabradine (Procoralan®) is accepted for restricted use within NHS Scotland Chronic heart failure New York Heart Association (NYHA) II to IV class with systolic dysfunction, in patients in sinus rhythm and whose heart rate is ≥75 beats per minute (bpm), in combination with standard therapy including beta-blocker therapy or when beta-blocker therapy is contra-indicated or not tolerated. SMC restriction: for initiation only in patients whose resting heart rate remains ≥75 beats per minute despite optimal standard therapy. In a post-hoc subgroup analysis of the pivotal study in patients meeting the licensed indication, ivabradine was significantly more effective than placebo at reducing the risk of a composite of cardiovascular death or hospitalisation for worsening heart failure. However, in patients on the target dose of beta-blocker, ivabradine was not significantly more effective.	Included on the LJF as a prescribing note for the indication in question.	November 2012
lercanidipine 20mg tablet (Zanidip®) *Recordati Pharmaceuticals* 09.10.06 *SMC Report No. 315/06* PRODUCT UPDATE (abbreviated submission)	Accepted for use: lercanidipine 20mg tablet (Zanidip®) is 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. This new strength allows a reduction in the number of tablets administered at the maximum dose, at reduced cost compared with the formulation available previously.	'Not preferred' as suitable alternatives exist.	December 2008
levosimendan (Simdax®) *Orion Pharma*	For low cardiac output despite maximal therapy with inotropic agents (e.g. dobutamine, adrenaline, phosphodiesterase III inhibitors and calcium chloride) and with the use of an intra-aortic balloon pump. 	Added to the Additional List, for Specialist Use only, for post-operative use only in cardiac surgery ITU. Levosimendan (Simdax®) has been categorised **RED** under the ADTC 'Policy and procedures for the use of unlicensed medicines'.	November 2014

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
lomitapide (Lojuxta®) 5mg, 10 mg, 20mg hard capsules *Aegerion Phamaceuticals* 10.02.14 *SMC Report No. 956/14* NON SUBMISSION	NOT RECOMMENDED: lomitapide (Lojuxta®) is not recommended for use within NHS Scotland as an adjunct to a low-fat diet and other lipid-lowering medicinal products with or without low density lipoprotein (LDL) apheresis in adult patients with homozygous familial hypercholesterolaemia (HoFH). Genetic confirmation of HoFH should be obtained whenever possible. Other forms of primary hyperlipoproteinaemia and secondary causes of hypercholesterolaemia (e.g. nephrotic syndrome, hypothyroidism) must be excluded. 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	
losartan (Cozaar®) *Merck Sharpe Dohme* 09.08.04 *SMC Report No. 112/04*	Accepted for use: losartan (Cozaar®) is accepted for use within NHS Scotland for the treatment of hypertensive patients with left ventricular hypertrophy. In a large international trial a losartan-based regimen reduced the risk of stroke compared with a beta-blocker-based regimen in patients with hypertension and left ventricular hypertrophy (LVH), who were without clinically evident vascular disease. There are no data on benefits relative to other antihypertensive agents. The trial data are included in the British Hypertension Society guidelines and reference should be made to these with regard to treatment choices for individual patients. An economic model indicates that a losartan-based regimen is cost effective in patients with hypertension and LVH compared with a beta-blocker-based regimen.	Added to the Formulary.	
losartan (Cozaar®) *Merck, Sharpe & Dohme* 08.11.04 *SMC Report No. 131/04*	Restricted use: losartan is accepted for restricted use within NHS Scotland to delay the progression of renal disease and to reduce proteinuria in type 2 diabetic patients with nephropathy. Losartan, for the management of renal disease in patients with hypertension and type 2 diabetes mellitus, is effective, but has not been shown to be any more effective than ACE inhibitors, which are generally less expensive products, and for which there is a strong evidence base in diabetic renal disease and other forms of cardiovascular disease. Therefore, losartan 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.	Added to the Formulary.	
losartan 100mg/hydrochlorothiazide 12.5mg tablet (Cozaar-Comp 100/12.5®) *Merck, Sharp & Dohme Ltd* 11.02.08 *SMC Report No. 295/06* PRODUCT UPDATE (abbreviated submission)	Accepted for use: losartan 100mg / hydrochlorothiazide 12.5mg tablet (Cozaar-Comp 100/12.5®) is 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.	'Not preferred' as suitable alternatives exist.	March 2008

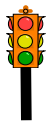
Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
losartan 100mg/hydrochlorothiazide 25mg tablets (Cozaar-Comp® 100/25) *Merck, Sharpe & Dohme Ltd* 07.08.06 *SMC Report No. 296/06* PRODUCT UPDATE (abbreviated submission)	Accepted for use: losartan 100mg/hydrochlorothiazide 25mg tablet (Cozaar-Comp® 100/25) is 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®) 100mg alone. Compared with a previously available combination product it reduces the tablet burden when higher doses of losartan and hydrochlorothiazide are required. This fixed dose combination is one of many options for the treatment of hypertension, including other less expensive angiotensin receptor blocker/diuretic combinations.	'Not preferred' as suitable alternatives exist.	October 2007
macitentan, 10mg film-coated tablets (Opsumit®) *Actelion Pharmaceuticals Limited* 07.04.14 *SMC Report No. 952/14* Patient Access Scheme	Restricted use: macitentan (Opsumit®) is accepted for restricted use within NHS Scotland as monotherapy or in combination, is indicated for the long-term treatment of pulmonary arterial hypertension in adult patients of World Health Organisation Functional Class II to III. SMC restriction: to initiation and prescribing by specialists in the Scottish Pulmonary Vascular Unit or similar specialists. In a pivotal phase lll study in patients with pulmonary arterial hypertension, macitentan significantly increased the time to a first event related to morbidity or mortality from any cause compared with placebo. The effect was maintained for up to two years. This SMC advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of macitentan. This SMC advice is contingent upon the continuing availability of the patient access scheme in NHS Scotland or a list price that is equivalent or lower.	Included on the Additional List, for Specialist Use only, for the indication in question, as per the SMC restriction. Only initiated and prescribed by specialist in the Scottish Pulmonary Vascular Unit or similar specialist.	April 2014
midodrine hydrochloride (Bramox®) 2.5mg, 5mg tablets *Brancaster Pharma Ltd* 12.10.15 *SMC Report No. 1094/15* PRODUCT UPDATE (abbreviated submission)	Accepted: midodrine hydrochloride (Bramox®) is accepted for use within NHS Scotland. Indication under review: in adults for the treatment of severe orthostatic hypotension due to autonomic dysfunction when corrective factors have been ruled out and other forms of treatment are inadequate. Midodrine hydrochloride (Bramox®) 5mg tablets have been shown to be bioequivalent to the unlicensed midodrine 5mg product currently in use in NHS Scotland. The availability of midodrine hydrochloride (Bramox®) will allow the prescribing of a licensed medicinal product, with a resultant small net budget impact, based on estimates from primary and secondary prescribing and expenditure data from 2013/14.	Included on the additional list, specialist initiation, for the indication in question.	October 2015

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
nebivolol tablets 5mg (Nebilet®) *Menarini Pharmaceuticals UK SRL* 13.08.07 *SMC Report No. 214/05* RESUBMISSION	Accepted for use: nebivolol (Nebilet®) is 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.	'Not preferred' in Lothian. A submission has not been made to Formulary Committee regarding this product for this indication.	August 2010
nebivolol (Nebilet®) *A. Menarini Pharma UK SRL*	Essential hypertension, angina, chronic heart failure	Added to the Additional List to be initiated by specialists only (prescribing to continue in primary care). It should be reserved for patients requiring a beta-blocker for the treatment of hypertension in situations where they are unable to tolerate LJF first or second choice beta-blockers. It should not be used for treatment of angina or chronic heart failure for which it does not have a licence.	May 2006
nicardipine 10mg/mL injection *Amdipharm Mercury Company Limited*	Treatment of acute life-threatening hypertension, particularly in the event of: • Malignant arterial hypertension/Hypertensive encephalopathy • Aortic dissection, when short acting beta-blocker therapy is not suitable, or in combination with a beta-blocker when beta-blockade alone is not effective nicardipine is also indicated for the treatment of post-operative hypertension.	Included on the Additional List, Specialist Use only, for the indication in question. Nicardipine is restricted for use in critical care only. With proposed positioning of: • Aortic dissection patients as an additional agent when GTN provides inadequate blood pressure control. • Malignant hypertension resistant to labetalol for ward 20 WGH. • Management of acute type B aortic dissection for critical care	May 2016
nicotinic acid 375mg, 500mg, 750mg, 1000mg modified release tablet (Niaspan®) *Merck* 13.02.06 *SMC Report No. 93/04* RESUBMISSION	NOT RECOMMENDED: nicotinic acid modified release tablet (Niaspan®) is not recommended for use within NHS Scotland for the treatment of dyslipidaemia, particularly in patients with combined mixed dyslipidaemia, characterised by elevated levels of low-density-lipoprotein (LDL)-cholesterol and triglycerides and low high-density-lipoprotein (HDL)-cholesterol, and in patients with primary hypercholesterolaemia, either in combination with a HMG-CoA reductase inhibitor (statin), when the cholesterol lowering effect of HMG-CoA reductase inhibitor monotherapy is inadequate or as monotherapy in patients who do not tolerate HMG-CoA reductase inhibitors. Niaspan® increases HDL cholesterol, reduces triglycerides and to a lesser extent reduces LDL cholesterol. There is no clinical trial evidence that Niaspan® reduces the occurrence of long-term cardiovascular events in patients who have acceptable LDL cholesterol and triglycerides and low HDL (isolated low HDL). The economic case has not been demonstrated.	NOT RECOMMENDED	

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
extended release nicotinic acid/laropiprant, 1000mg/20mg modified release tablets (Tredaptive®) *Merck Sharp & Dohme Ltd* 10.05.10 *SMC Report No: 614/10*	Restricted use: extended release nicotinic acid/laropiprant (Tredaptive®) is accepted for restricted use within NHSScotland. Licensed indication under review: the treatment of dyslipidaemia, particularly in patients with combined mixed dyslipidaemia (characterised by elevated levels of LDL-cholesterol and triglycerides and low HDL-cholesterol) and in patients with primary hypercholesterolaemia (heterozygous familial and non familial) as monotherapy in patients in whom HMG-CoA reductase inhibitors are considered inappropriate or not tolerated. Diet and other non-pharmacological treatments (e.g. exercise, weight reduction) should be continued during therapy with extended release nicotinic acid/laropiprant. SMC restriction: as monotherapy for the treatment of dyslipidaemia in patients with combined mixed dyslipidaemia (characterised by elevated levels of LDL-cholesterol and triglycerides and low HDLcholesterol) in patients in whom HMG-CoA reductase inhibitors are considered inappropriate or not tolerated. In patients, who may or may not have also been taking an HMG-CoA reductase inhibitor, extended release nicotinic acid/laropiprant reduced LDL-cholesterol versus placebo across weeks 12 to 24 and reduced flushing versus extended release nicotinic acid alone during the initiation phase. Nicotinic acid/laropiprant is also licensed for use in combination with HMG-CoA reductase inhibitors (statins) when the cholesterol lowering effect of HMG-CoA reductase inhibitor monotherapy is inadequate. The manufacturer's submission related only to the use of nicotinic acid/laropiprant as monotherapy. SMC cannot recommend the use of nicotinic acid/laropiprant in combination with HMGCoA reductase inhibitors.	'Not preferred' in Lothian. A submission has not been made to FC regarding this product for this indication. Product no longer available. Withdrawn from the market in January 2013.	May 2011
olmesartan medoxomil (Olmetec®) *Sankyo Pharma UK Ltd* 10.11.03 *SMC Report No. 78/03*	Restricted use: olmesartan has been shown to be at least as effective as other angiotensin-II receptor antagonists (ARAs) for the treatment of hypertension. It may be considered for use, along with other ARAs, as an alternative in patients unable to tolerate an ACE inhibitor.	'Not preferred' as suitable alternatives exist.	November 2003
olmesartan/hydrochlorothiazide, 20mg/12.5mg or 20mg/25mg tablets (Olmetec Plus®) *Sankyo Pharma UK Ltd* 08.05.06 *SMC Report No. 225/05* PRODUCT UPDATE (abbreviated submission)	Restricted use: olmesartan/hydrochlorothiazide (Olmetec Plus®) tablet is 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.	'Not preferred' in Lothian. A submission has not been made to FC regarding this product for this indication.	May 2007

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
olmesartan medoxomil / amlodipine as besilate tablet 20mg/5mg, 40mg/5mg, 40mg/10mg (Sevikar®) *Daiichi Sankyo UK Ltd* 12.10.09 *SMC Report No. 574/09* PRODUCT UPDATE (abbreviated submission)	Accepted for use: olmesartan medoxomil/amlodipine as besilate (Sevikar®) is accepted for use in NHS Scotland for treatment of essential hypertension in patients whose blood pressure is not adequately controlled on olmesartan medoxomil or amlodipine monotherapy. In patients for whom concomitant use of these medicines is appropriate it allows administration of a single tablet at a lower or modestly increased cost compared to the individual components (depending on dose). 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.	'Not preferred' in Lothian, as suitable alternatives exist.	September 2009
olmesartan medoxomil/amlodipine besilate/hydrochlorothiazide 20mg/5mg/12.5mg, 40mg/5mg/12.5mg, 40mg/10mg/12.5mg, 40mg/5mg/25mg, 40mg/10mg/25 mg film-coated tablets (Sevikar HCT®) *Daiichi Sankyo UK Ltd* 10.10.11 *SMC Report No. 706/11* PRODUCT UPDATE (abbreviated submission	Accepted for use: olmesartan medoxomil / amlodipine besilate / hydrochlorothiazide (Sevikar HCT®) is accepted for use within NHS Scotland as substitution therapy in adult patients whose blood pressure is adequately controlled on the combination of olmesartan medoxomil, amlodipine, and hydrochlorothiazide taken as a dual component (olmesartan medoxomil and amlodipine or olmesartan medoxomil and hydrochlorothiazide) and a single formulation (hydrochlorothiazide or amlodipine). In a phase III randomised four-arm study of patients with moderate to severe hypertension Sevikar HCT was superior to three dual combination therapies for the the primary endpoint, change in diastolic pressure. In patients for whom concomitant use of these medicines is appropriate it allows administration of a single tablet at a lower or modestly increased cost (depending on dose) compared to another dual combination product plus single component. Angiotensin receptor blockers are an alternative to ACE inhibitors where these are not tolerated. These fixed dose combinations are among many options for the treatment of hypertension, many of which are less expensive.	Not preferred in Lothian as suitable alternatives exist.	September 2011
olmesartan medoxomil / amlodipine besilate / hydrochlorothiazide (Sevikar HCT®) *Daiichi Sankyo UK Ltd* 10.12.12 *SMC Report No. 823/12* PRODUCT UPDATE (abbreviated submission)	Accepted for use: olmesartan medoxomil, amlodipine besilate and hydrochlorothiazide (Sevikar HCT®) is accepted for use in NHS Scotland in adult patients whose blood pressure is not adequately controlled on the combination of olmesartan medoxomil and amlodipine taken as dual-component formulation. Two double-blind randomised studies of triple versus dual therapy demonstrated significantly better outcomes for patients in the triple therapy group in terms of the proportion of patients reaching target blood pressure and reduction in mean systolic and diastolic blood pressure. In patients for whom concomitant use of these medicines is appropriate it allows administration of a single tablet at a lower cost compared to a dual combination product plus single component. Angiotensin receptor blockers are an alternative to angiotensin-converting-enzyme (ACE) inhibitors where these are not tolerated. These fixed dose combinations are among many options for the treatment of hypertension, many of which are less expensive.	Not included in the LJF because the medicine does not represent sufficient added benefit to other comparator medicines to treat the condition in question that are already available on the formulary.	December 2012

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
90% omega-3-acid ethyl esters (Omacor®) *Solvay Healthcare Ltd* 08.11.02 SMC Report No. 15/02	Accepted for use: 90% omega-3-acid ethyl esters (Omacor®) is acceptable for general use within NHS Scotland as an additional treatment for the secondary prevention of myocardial infarction. Whilst cost effectiveness appears to be within generally acceptable limits, NHS Boards will recognise that there are now a number of established interventions for this indication. The priority given to this agent needs to be considered alongside the implementation of other effective approaches to secondary prevention of cardiovascular disease, always keeping in mind alternative dietary methods of obtaining fish oil supplementation.	Not included on the LJF because the NHS Lothian decision is that the medicine does not represent sufficient added benefit to other comparator medicines to treat the condition in question.	July 2014
90% omega-3-acid ethyl esters (Omacor®) *Solvay Healthcare Ltd* 08.11.02 *SMC Report No. 16/02*	NOT RECOMMENDED: 90% omega-3-acid ethyl esters (Omacor®) is not recommended for use within the NHS in Scotland for the treatment of hypertriglyceridaemia. This is based on the lack of long-term data to indicate that reductions in triglyceride levels provide real benefit in terms of reducing cardiovascular events, on a lack of evidence of increased patient acceptability of the product, and lack of a pharmacoeconomic case for the drug.	NOT RECOMMENDED	
perindopril (Coversyl®) *Servier*	Heart failure, hypertension, secondary prevention in patients with established vascular (atheroma) disease	To remain as 'Not Preferred' in Lothian for the treatment of heart failure, hypertension, and secondary prevention in patients with established vascular (atheroma) disease.	November 2005
perindopril + indapamide (Coversyl Plus®) *Servier* 08.09.03 *SMC Report No. 64/03*	Accepted for use: perindopril, indapamide (Coversyl Plus®) produces a modest reduction in blood pressure in patients with essential hypertension uncontrolled by perindopril alone. A daily dose of one tablet is almost cost-neutral compared with individual drug preparations.	To remain 'Not preferred' in Lothian for the treatment of hypertension.	November 2005
perindopril arginine 2.5mg, 5mg, 10mg tablets (Coversyl Arginine®) *Servier Laboratories Ltd* 09.06.08 *SMC Report No. 473/08* PRODUCT UPDATE *(abbreviated submission)*	Accepted for use: perindopril arginine (Coversyl Arginine®) 2.5mg, 5mg, 10mg tablets are accepted for use in NHS Scotland 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. 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. Generic preparations of the tert-butylamine salt are available at a lower cost than the proprietary preparations of perindopril.	'Not preferred' as suitable alternatives exist.	June 2008

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
perindopril arginine 5mg and indapamide 1.25mg tablets (Coversyl Arginine Plus®) *Servier Laboratories Ltd* 09.06.08 *SMC Report No. 474/08* PRODUCT UPDATE *(abbreviated submission)*	Accepted for use: perindopril arginine 5mg and indapamide 1.25mg tablet (Coversyl Arginine Plus®) is accepted for use in NHS Scotland 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. 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.	'Not preferred' as suitable alternatives exist.	June 2008
prasugrel 5 and 10mg tablets (Efient®) *Daiichi-Sankyo/Eli Lilly and Company Limited* 07.09.09 *SMC Report No. 562/09*	Restricted use: 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.	Added to the Additional List.	January 2010
prasugrel (Efient®) *Lilly*	In patients undergoing flow diverter stent insertion for the treatment of an intracranial aneurysm with a subtherapeutic level of platelet inhibition after loading with clopidogrel, as measured by VerifyNow assay. 	Included on the additional list, Specialist initiation, for the indication in question Classified as **AMBER** under the ADTC 'Policy for the use of unlicensed (and off-label use) Medicines in NHS Lothian' - General use with restrictions.	April 2016
ranolazine, 375mg, 500mg and 750mg prolonged-release tablets (Ranexa®) *A Menarini Pharma UK SRL* 12.11.12 *SMC Report No. 565/09* INDEPENDENT REVIEW PANEL ASSESSMENT	NOT RECOMMENDED: ranolazine (Ranexa®) is not recommended for use within NHS Scotland. Indication under review: 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). When added to standard doses of antianginal drugs, ranolazine increased exercise duration at trough drug levels compared with placebo after 12 weeks treatment. Although significant, the effect size was modest, but not uncommon in studies of patients with stable angina pectoris. The submitting company did not present a sufficiently robust clinical and economic case to gain acceptance by the Independent Review Panel (IRP).	NOT RECOMMENDED	

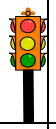
Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
regadenoson (Rapiscan®) *Rapiscan Pharma Solutions EU Ltd.*	This medical product is for diagnostic use only. Rapiscan® is a selective coronary vasodilator for use as a pharmacological stress agent for radionuclide myocardial perfusion imaging (MPI) in adult patients unable to undergo adequate exercise stress.	Added to the Additional List, for Specialist Use only.	August 2013
riociguat 0.5mg, 1mg, 1.5mg, 2mg, 2.5mg film-coated tablets (Adempas®) *Bayer Plc* 08.12.14 *SMC Report No. 1001/14* Patient Access Scheme	Restricted use: riociguat (Adempas®) is accepted for restricted use within NHS Scotland for 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. Riociguat demonstrated significant improvement compared with placebo in exercise capacity, in terms of 6-minute walk distance, in patients with inoperable CTEPH or persistent or recurrent pulmonary hypertension after pulmonary endarterectomy. This advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of riociguat. This advice is contingent upon the continuing availability of the Patient Access Scheme in NHS Scotland or a list price that is equivalent or lower. This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting. Riociguat is also indicated for use in pulmonary arterial hypertension. The company submitted clinical and cost-effectiveness evidence for its use in CTEPH only.	Not included on the LJF because clinicians have not responded to an invitation to apply for formulary inclusion.	January 2015

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
riociguat 0.5mg, 1mg, 1.5mg, 2mg, 2.5mg film-coated tablets (Adempas®) *Bayer Plc.* 13.07.15 *SMC Report No.1056/15* Patient Access Scheme	Restricted use: riociguat (Adempas®) is accepted for restricted use within NHS Scotland. Indication under review: Pulmonary arterial hypertension (PAH): as monotherapy or in combination with endothelin receptor antagonists, for the treatment of adult patients with PAH with World Health Organisation Functional Class (WHO FC) II to III to improve exercise capacity. Efficacy has been shown in a PAH population including aetiologies of idiopathic or heritable PAH or PAH associated with connective tissue disease. SMC restriction: for use as a PAH-specific monotherapy as an alternative treatment option to endothelin receptor antagonist (ERA) monotherapy in adult patients with PAH of WHO FC II to III. It is restricted to initiation and prescribing by specialists in the Scottish Pulmonary Vascular Unit or by similar specialists. Riociguat demonstrated significant improvement compared with placebo in exercise capacity, in terms of six-minute walking distance, in patients with symptomatic PAH in a phase III study. This advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of riociguat. This advice is contingent upon the continuing availability of the patient access scheme in NHS Scotland or a list price that is equivalent or lower. This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting.	Not included on the LJF because clinicians have not responded to an invitation to apply for formulary inclusion for this medicine.	September 2015
rivaroxaban 10mg film-coated tablets (Xarelto®) *Bayer Schering Pharma* 12.01.09 *SMC Report No. 519/08*	Accepted for use: rivaroxaban (Xarelto®) is accepted for use within NHS Scotland 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.	Added to the Formulary, as first choice for the primary prevention of venous VTE in adult patients undergoing elective total hip or knee replacements. Prescribing to be in Secondary care only.	December 2008
rivaroxaban 15 and 20mg film-coated tablets (Xarelto®) *Bayer PLC* 13.02.12 *SMC Report No. 755/12*	Accepted for use: rivaroxaban (Xarelto®) is accepted for use within NHS Scotland for the treatment of deep vein thrombosis (DVT), and prevention of recurrent DVT and pulmonary embolism (PE) following an acute DVT in adults. Rivaroxaban has been shown to be non-inferior to standard anticoagulant therapy including a low molecular weight heparin in combination with a vitamin K antagonist for the treatment of proximal DVT and prevention of recurrence. Experience with rivaroxaban in this indication for more than 12 months is limited therefore the cost-effectiveness of indefinite treatment has not been demonstrated.	Included on the LJF as a first choice drug, for the indication in question. The treatment will be initiated by secondary care in line with the treatment protocol.	June 2013

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
rivaroxaban 15 and 20mg film-coated tablets (Xarelto®) *Bayer PLC* 13.02.12 *SMC Report No. 756/12*	Restricted use: rivaroxaban (Xarelto®) is accepted for restricted use within NHS Scotland, for the prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation with one or more risk factors, such as congestive heart failure, hypertension, age≥ 75 years, diabetes mellitus, prior stroke or transient ischaemic attack. SMC restriction: Rivaroxaban is accepted for use in patients who have poor INR control despite evidence that they are complying with a coumarin anticoagulant and in patients who are allergic to or unable to tolerate coumarin anticoagulants. Rivaroxaban was non-inferior to standard oral anticoagulation at preventing stroke or systemic embolism in one large, double-blind study in patients with atrial fibrillation and moderate to high risk of stroke. This was not associated with a significantly increased risk of major or non-major clinically relevant bleeding. The submitting company made an economic case for rivaroxaban use in the restricted patient population described above.	Not included pending protocol. 'Not Preferred' in Lothian. A submission has not been made to FC regarding this product for this indication.	May 2012
rivaroxaban 15mg and 20mg film-coated tablets (Xarelto®) *Bayer plc* 11.03.13 *SMC Report No. 852/13*	Accepted for use: rivaroxaban (Xarelto®) is accepted for use within NHS Scotland for the treatment of pulmonary embolism (PE), and prevention of recurrent deep vein thrombosis (DVT) and PE in adults. Rivaroxaban was non-inferior to a regimen including a low molecular weight heparin and a vitamin K antagonist for the treatment of PE and the prevention of recurrence of DVT or PE. Duration of treatment was 3, 6 or 12 months at the discretion of the treating physician. Experience with rivaroxaban in this indication for more than 12 months is limited therefore the cost-effectiveness of indefinite treatment has not been demonstrated.	Included on the LJF as a first choice drug for patients meeting the selection criteria, for Specialist Initiation, for the indication in question.	May 2014
rivaroxaban 2.5mg film-coated tablets (Xarelto®) *Bayer plc.* 13.07.15 *SMC Report No. 1062/15*	NOT RECOMMENDED: rivaroxaban (Xarelto®) is not recommended for use within NHS Scotland. Indication under review: rivaroxaban co-administered with aspirin alone or with aspirin plus clopidogrel or ticlopidine, is indicated for the prevention of atherothrombotic events in adult patients after an acute coronary syndrome (ACS) with elevated cardiac biomarkers. Rivaroxaban in addition to standard care significantly reduced the occurrence of the primary composite endpoint: death from cardiovascular causes, myocardial infarction, or stroke, compared to standard care alone. The submitting company did not present a sufficiently robust economic analysis to gain acceptance by SMC.	NOT RECOMMENDED	
rosuvastatin (Crestor®) *AstraZeneca* 09.05.03 *SMC Report No. 45/03*	Accepted for use: rosuvastatin is a new HMG-CoA reductase inhibitor, with costs and efficacy in reducing low-density-lipoprotein-cholesterol (LDL-C) comparable to other statins. Its current licensed indications are more limited than some other statins.	Added to the Additional List, for Specialist use only.	November 2005

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
rosuvastatin (Crestor®) *AstraZeneca*	Hypercholesterolaemia	To remain on the Additional List, for Specialist Use only.	August 2010
rosuvastatin, 5mg, 10mg, 20mg, film-coated tablets (Crestor®) *AstraZeneca UK Ltd.* 10.10.11 *SMC Report No. 725/11*	NOT RECOMMENDED**:** rosuvastatin (Crestor®) is not recommended for use within NHS Scotland. Prevention of major cardiovascular events in patients who are estimated to have a high risk for a first cardiovascular event as an adjunct to correction of other risk factors**.** In a randomised, placebo-controlled, double-blind, multi-centre study, treatment with rosuvastatin was associated with a significantly reduced risk of first cardiovascular event versus placebo in patient sub-groups deemed to be high-risk when assessed using the Framingham equation and the SCORE algorithm. The submitting company did not present sufficiently robust economic analysis to gain acceptance by SMC**.**	NOT RECOMMENDED	
sacubitril/valsartan 24mg/26mg, 49mg/51mg and 97mg/103mg film-coated tablets (Entresto®) *Novartis Pharmaceuticals UK Ltd* 07.03.16 *SMC Report No. 1132/16*	Accepted: sacubitril/valsartan (Entresto®) is accepted for use within NHS Scotland. Indication under review: in adult patients for treatment of symptomatic chronic heart failure with reduced ejection fraction. Sacubitril/valsartan, compared to an angiotensin-converting enzyme inhibitor, significantly reduced rates of the composite outcome of cardiovascular death and hospitalisation for heart failure, rates of the component outcomes and of all cause mortality.	Included on the LJF as second choice, Specialist initiation, for the indication in question.	April 2016
selexipag, 200 microgram, 400 microgram, 600 microgram, 800 microgram, 1,000 microgram, 1,200 microgram, 1,400 microgram, 1,600 microgram film-coated tablets (Uptravi®) *Actelion Pharmaceuticals Ltd* 10.07.17 *SMC Report No. 1235/17*	NOT RECOMMENDED: For the long-term treatment of pulmonary arterial hypertension (PAH) in adult patients with WHO functional class (FC) II to III, either as combination therapy in patients insufficiently controlled with an endothelin receptor antagonist (ERA) and/or a phosphodiesterase type 5 (PDE-5) inhibitor, or as monotherapy in patients who are not candidates for these therapies.	Not routinely available as not recommended for us in NHSScotland.	July 2017
sildenafil citrate 20mg tablets (Revatio®) *Pfizer* 13.02.06 *SMC Report No. 235/06*	Restricted use: sildenafil citrate (Revatio®) is accepted for restricted use within NHS Scotland 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.	Added to the Additional List, only if initiated by specialists working in the Scottish Pulmonary Vascular Unit.	October 2007

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
sildenafil, 20mg (as citrate) tablets (Revatio®) *Pfizer Ltd* 08.02.10 *SMC Report No. 596/10*	Restricted use: sildenafil citrate (Revatio®) is accepted for restricted use within NHS Scotland for treatment of patients with pulmonary arterial hypertension (PAH) classified as WHO functional class II, to improve exercise capacity. Efficacy has been shown in primary pulmonary hypertension and pulmonary hypertension associated with connective tissue disease. It is restricted to initiation by specialists working in the Scottish Pulmonary Vascular Unit or similar specialists. This is an orphan indication for sildenafil with limited clinical evidence from post-hoc analysis of a short-term clinical trial.	Added to the Additional List, only if initiated by specialists working in the Scottish Pulmonary Vascular Unit.	May 2011
sildenafil citrate 0.8mg/mL solution for injection (Revatio®) *Pfizer UK* 07.03.11 *SMC Report No. 688/11* PRODUCT UPDATE (abbreviated submission)	Restricted use: sildenafil citrate 0.8mg/mL injection (Revatio®) is accepted for restricted use within NHS Scotland. Indication under review: for the treatment of patients with pulmonary arterial hypertension who are currently prescribed oral sildenafil and who are temporarily unable to take oral medicine, but are otherwise clinically and haemodynamically stable. SMC restriction: restricted to use on the advice of specialists in the Scottish Pulmonary Vascular Unit and from the Scottish Adult Congenital Cardiac Service. Oral sildenafil is indicated for treatment of patients with pulmonary arterial hypertension classified as WHO functional class II and III, to improve exercise capacity. Efficacy has been shown in primary pulmonary hypertension and pulmonary hypertension associated with connective tissue disease. SMC has previously accepted oral sildenafil in this orphan indication. The intravenous formulation is significantly more expensive than the oral preparation but it is intended only for short-term use (the estimated average duration of intravenous treatment is three days).	Added to the Additional List, on the advice of a specialist in the Scottish Pulmonary Vascular Unit.	March 2011
sildenafil (as citrate) 20mg film-coated tablets and 10mg/mL powder for oral solution (Revatio®) *Pfizer UK* 10.12.12 *SMC Report No. 809/12* PRODUCT UPDATE (abbreviated submission)	Restricted use: sildenafil (Revatio®) is accepted for restricted use within NHS Scotland for the treatment of paediatric patients aged 1 year to 17 years old with pulmonary arterial hypertension. Efficacy in terms of improvement of exercise capacity or pulmonary haemodynamics has been shown in primary pulmonary hypertension and pulmonary hypertension associated with congenital heart disease SMC restriction: restricted to use on the advice of specialists in the Scottish Pulmonary Vascular Unit and from the Scottish Adult Congenital Cardiac Service. SMC has previously accepted this orphan indication for oral sildenafil for restricted use within NHS Scotland for the treatment of adult patients with pulmonary arterial hypertension classified as WHO functional class II and III, to improve exercise capacity. Efficacy has been shown in primary pulmonary hypertension and pulmonary hypertension associated with connective tissue disease. Sildenafil is listed in the British National Formulary for Children 2011-2012 for use in pulmonary hypertension after cardiac surgery, weaning from nitric oxide, idiopathic pulmonary arterial hypertension, persistent pulmonary hypertension of the newborn.	Included on the Additional List for the indication in question, only if initiated by specialist working in the Scottish Pulmonary Vascular Unit and the Scottish Adult Congenital Cardiac Service.	December 2012

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
sildenafil (Revatio®) *Pfizer*	For pulmonary hypertension in patients who cannot receive oral/NG therapy (i.e. inability to insert NG tube or not absorbing from gut) started de novo in patients with peri-operative pulmonary hypertension who do not have an NG route. Short term indication (2-3 days). 	Added to the Additional List, for Specialist Use only. sildenafil (Revatio®) has been categorised **RED** under the ADTC Policy and Procedure for the Use of Unlicensed Medicines.	March 2015
sitaxentan 100mg tablets (Thelin®) *Encysive (UK) Ltd* 07.05.07 *SMC Report No. 360/07*	Restricted use: sitaxentan sodium (Thelin®) is accepted for restricted use within NHS Scotland 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.	Added to the Additional List, only if initiated by specialists working in the Scottish Pulmonary Vascular Unit.	April 2008
tadalafil 20 mg tablets (Adcirca®) *Eli Lilly and Company Limited* 09.07.12 *SMC Report No: 710/11* Patient Access Scheme	Restricted use: tadalafil (Adcirca®) is accepted for restricted use within NHS Scotland for the treatment of adults with pulmonary arterial hypertension (PAH) classified as World Health Organisation functional class (WHO-FC) II and III, to improve exercise capacity. SMC restriction: To initiation by specialists working in the Scottish Pulmonary Vascular Unit or similar specialists. Tadalafil demonstrated statistically significant improvement in 6 minute walking distance (6MWD) compared with placebo in patients with PAH, WHO-FC II or III. Approximately half of the study patients were receiving a concomitant endothelin receptor antagonist. This SMC advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of tadalafil. This SMC advice is contingent upon the continuing availability of the patient access scheme in NHS Scotland.	Included on the Additional List on the advice of a specialist in the Scottish Pulmonary Vascular Unit.	August 2012
telmisartan/hydrochlorothiazide (MicardisPlus®) *Boehringer Ingelheim* 09.05.03 *SMC Report No. 39/03*	Restricted use: telmisartan / hydrochlorothiazide (MicardisPlus®) has efficacy similar to the antihypertensive effects of the individual constituents added together in the treatment of essential hypertension. No increased costs are associated with this product compared with telmisartan (Micardis®) alone. Angiotensin II receptor antagonists are an alternative to ACE inhibitors where these are not tolerated.	'Not preferred' as effective alternatives available.	May 2003

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
telmisartan (Micardis®) *Boehringer Ingelheim Limited* 10.05.10 *SMC Report No: 617/10* NON SUBMISSION	NOT RECOMMENDED: telmisartan (Micardis®), is not recommended for use within NHSScotland for use in cardiovascular prevention (to reduce cardiovascular morbidity in patients with manifest atherothrombotic cardiovascular disease history of coronary heart disease, stroke, or peripheral arterial disease) or type 2 diabetes mellitus with documented target organ damage. 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	
ticagrelor 90mg film-coated tablets (Brilique®) *AstraZeneca* 09.05.11 *SMC Report No. 699/11*	Accepted for use: ticagrelor film-coated tablets (Brilique®) are accepted for use within NHS Scotland. Indication under review: co-administered with aspirin, for the prevention of atherothrombotic events in adult patients with acute coronary syndromes (unstable angina, non ST elevation myocardial infarction [NSTEMI] or ST elevation myocardial infarction [STEMI]); including patients managed medically, and those who are managed with percutaneous coronary intervention (PCI) or coronary artery by-pass grafting (CABG). As dual therapy with aspirin, ticagrelor demonstrated a significant reduction in ischaemic events compared with another antiplatelet drug without significantly increasing the incidence of study-defined major bleeding. Alternative treatments are available at a lower drug acquisition cost	**Included** on the LJF as a prescribing note for NSTEMI patients with a GRACE score equal to or greater than 140, aged less than 75 years; for twelve months in place of clopidogrel in this patient group. If the patient selection criteria were to change to wider group of patients then the use of ticagrelor will need to be reconsidered by the FC.	August 2012
ticagrelor 60mg film-coated tablets (Brilique®) *AstraZeneca* 10.04.17 *SMC Report No. 1224/17*	Co-administered with acetylsalicylic acid for the prevention of atherothrombotic events in adult patients with a history of myocardial infarction and a high risk of developing an atherothrombotic event.	NOT RECOMMENDED	April 2017
tinzaparin sodium (Innohep®) *Leo*	Prevention of clotting in Extracorporeal circiuits (Haemodialysis).	Added to the Additional List, for Specialist Use only by the Haemodialysis Units.	December 2011

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
tinzaparin 20,000 IU/ml 0.4ml, 0.5ml, 0.6ml, 0.7ml, 0.8ml and 0.9ml pre-filled syringe (Innohep Syringe®) *Leo Pharma* 13.07.15 *SMC Report No.1061/15* Patient Access Scheme	Accepted use: tinzaparin (Innohep Syringe®) is accepted for use within NHS Scotland. Indication under review: Patients with solid tumours: Extended treatment of symptomatic venous thrombo-embolism (VTE) and prevention of its recurrence. In patients with cancer and VTE, tinzaparin was associated with rates of VTE recurrence that were not significantly different from those with a vitamin K antagonist (VKA). In a large study it was not significantly different from a VKA for a composite outcome that included symptomatic deep vein thrombosis (DVT), non-fatal and fatal pulmonary embolism (PE), incidental DVT and PE. This advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of tinzaparin. This advice is contingent upon the continuing availability of the patient access scheme in NHS Scotland or a list price that is equivalent or lower.	Not included on the LJF because clinicians have not responded to an invitation to apply for formulary inclusion for this medicine.	September 2015
valsartan 40mg, 80mg and 160mg capsules and tablets (Diovan®) *Novartis Pharmaceuticals* 09.05.05 *SMC Report No. 162/05*	Restricted use: valsartan (Diovan®) is accepted for restricted use within NHS Scotland 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. The economic evaluation demonstrates that valsartan is only cost effective in the patient population that is intolerant of ACE inhibitors.	Added to the Additional List to improve survival following MI in clinically stable patients with signs, symptoms or radiological evidence of left ventricular failure and/or with left ventricular systolic dysfunction, who are intolerant of ACE inhibitors.	August 2005
valsartan 320mg tablet (Diovan®) *Novartis Pharmaceuticals UK Ltd* 11.02.08 *SMC Report No. 351/07* PRODUCT UPDATE (abbreviated submission)	Accepted for use: valsartan 320mg tablet (Diovan®) is accepted for use in NHS Scotland for the treatment of hypertension. In patients for whom the use of valsartan is appropriate it allows administration of a 320mg dose as a single tablet at less cost than 2 x 160mg capsules. Angiotensin receptor blockers are an alternative to ACE inhibitors where these are not tolerated.	'Not preferred' as suitable alternatives exist. Note - this is for treatment of hypertension.	March 2008
valsartan/hydrochlorothiazide (Co-Diovan®) *Novartis Pharmaceuticals UK Ltd* 13.09.04 *SMC Report No. 121/04*	Accepted for use: valsartan/hydrochlorothiazide (Co-Diovan®) is accepted for use within NHS Scotland for the treatment of essential hypertension in patients whose blood pressure is not adequately controlled on valsartan monotherapy. No increased costs are associated with this product compared with 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, including other angiotensin receptor blocker/diuretic combinations, many of which are less expensive.	'Not preferred' as effective alternatives available.	November 2004

Product ***Manufacturer*** **Date SMC/NICE Recommendation** ***Report number***	**Condition being treated** **For more details see www.scottishmedicines.org.uk/**	**NHS Lothian decision**	**Date of NHS Lothian decision**
valsartan (Diovan®) 40, 80, 160, 320mg tablets *Novartis Pharmaceuticals UK Ltd* 17.01.11 *SMC Report No. 649/10* PRODUCT UPDATE (abbreviated submission)	Restricted use: Valsartan (Diovan®) is accepted for restricted use within NHS Scotland. Indication under review: treatment of hypertension in children and adolescents 6 to 18 years of age. SMC restriction: use should be on the recommendation of a paediatric specialist consultant. The licence for the adult indication pre-dates SMC.	'Not Preferred' in Lothian. A submission has not been made to FC regarding this product for this indication.	March 2012
vernakalant (Brinavess®) 20mg/mL concentrate for solution for infusion) *Cardiome UK Limited* 13.02.17 *SMC Report No: 1222/17* NON SUBMISSION	NOT RECOMMENDED: vernakalant (Brinavess®) is not recommended for use within NHS Scotland for rapid conversion of recent onset atrial fibrillation to sinus rhythm in adults • For non-surgery patients: atrial fibrillation ≤ 7 days duration • For post-cardiac surgery patients: atrial fibrillation ≤ 3 days duration 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	March 2017
vinflunine ditartrate 25mg/ml concentrate for solution for infusion (Javlor®) *Pierre Fabre Ltd* 13.07.15 *SMC Report No. 686/11* RESUBMISSION	NOT RECOMMENDED: vinflunine (Javlor®) is not recommended for use within NHS Scotland. Indication under review: monotherapy for the treatment of adult patients with advanced or metastatic transitional cell carcinoma of the urothelial tract after failure of a prior platinum-containing regimen. Efficacy and safety of vinflunine have not been studied in patients with performance status ≥ 2. Vinflunine plus best supportive care was associated with improved survival when compared with best supportive care alone in the second-line treatment of advanced or metastatic transitional cell carcinoma of the urothelial tract in patients with good performance status. The submitting company did not present a sufficiently robust economic analysis and in addition their justification of the treatment's cost in relation to its benefits was not sufficient to gain acceptance by SMC. This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting.	NOT RECOMMENDED	