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

6 – Endocrine 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**
albiglutide 30mg and 50mg pre-filled pen (Eperzan®) *GlaxoSmithKline* 11.01.16 *SMC Report No 1024/15* Patient Access Scheme	Restricted use: albiglutide (Eperzan®) is accepted for restricted use within NHS Scotland. Indication under review: Treatment of type 2 diabetes mellitus in adults to improve glycaemic control in combination with other glucose-lowering medicinal products including basal insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. SMC restriction: an alternative once weekly glucagon-like peptide-1 (GLP-1) agonist for use in combination with oral anti-diabetic agents as a third-line pre-insulin treatment option. As add-on combination therapy, albiglutide was superior to placebo and to some oral comparators for glycaemic control. It was inferior to an alternative GLP-1 agonist and non-inferior to insulin. This SMC advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of albiglutide. This advice is contingent upon the continuing availability of the PAS in NHS Scotland or a list price that is equivalent or lower. Albiglutide is also indicated for adults with type 2 diabetes mellitus to improve glycaemic control as monotherapy when diet and exercise alone does not provide adequate glycaemic control in patients for whom use of metformin is considered inappropriate due to contraindications or intolerance. SMC has not reviewed albiglutide in this indication and cannot recommend its use within NHS Scotland.	Not included on the LJF, because clinicians do not support the formulary inclusion.	May 2016
alendronate 70mg, colecalciferol 2800IU tablet (Fosavance®) *Merck, Sharp and Dohme Ltd* 07.11.05 *SMC Report No. 213/05*	Accepted for use: Alendronate/colecalciferol (Fosavance®) is accepted for use within NHS Scotland for the treatment of postmenopausal osteoporosis in patients at risk of vitamin D insufficiency who require treatment with both alendronate and vitamin D and for whom once-weekly administration is appropriate. The combination preparation is cost saving compared to the two drugs administered separately. Weekly administration of vitamin D represents a departure from routine clinical practice. In patients who also require calcium supplementation this will have to be administered separately, using a calcium preparation that does not also contain vitamin D.	'Not preferred' in Lothian. A submission has not been made to FC regarding this product for this indication.	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**
alendronic acid 70mg effervescent tablet (Binosto®) Internis Pharmaceuticals Ltd 11.04.16 *SMC Report No.1137/16* PRODUCT UPDATE (abbreviated submission)	alendronic acid effervescent tablets (Binosto®) is accepted for restricted use within NHS Scotland. Indication under review: Treatment of postmenopausal osteoporosis. SMC restriction: for use in patients who are unable to swallow tablets where alendronic acid is the appropriate treatment choice. Alendronic acid 70mg effervescent tablets have demonstrated bioequivalence to alendronic acid 70mg tablets. The effervescent tablet formulation provides an alternative for patients who cannot swallow tablets. It is more expensive than generic alendronic acid tablets but is similar to the cost of existing oral solutions.	Included on the additional list, for the indication in question. For patients who cannot swallow tablets as an alternative to alendronic acid oral solution.	April 2016
alogliptin, 25mg, 12.5mg, 6.25mg, film-coated tablets (Vipidia®) *Takeda Pharma A/S* 13.10.14 *SMC Report No. 937/14* RESUBMISSION	Restricted use: alogliptin (Vipidia®) is accepted for restricted use within NHS Scotland for adults aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control in combination with other glucose lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. SMC restriction: dual therapy • In combination with metformin, when metformin alone, together with diet and exercise does not provide adequate glycaemic control in patients for whom the addition of a sulfonylurea is inappropriate. • In combination with a sulfonylurea, when sulfonylurea alone, together with diet and exercise does not provide adequate glycaemic control in patients for whom the addition of metformin is inappropriate due to contra-indications or intolerance. Treatment with alogliptin reduces glycosylated haemoglobin, HbA1c, significantly more than placebo when used in combination with metformin or sulfonylurea. SMC cannot recommend the use of alogliptin as single therapy or triple therapy as the company's submission related only to its use in dual therapy.	Not included on the LJF because clinicians do not support the formulary inclusion. The LJF choice is sitagliptin.	July 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**
alogliptin 12.5mg plus metformin1000mg combination tablet (Vipdomet®) *Takeda UK* 13.10.14 *SMC Report No: 998/14* PRODUCT UPDATE (abbreviated submission)	Restricted use: alogliptin plus metformin combination tablet (Vipdomet®) is accepted for restricted use within NHS Scotland in the treatment of adult patients aged 18 years and older with type 2 diabetes mellitus: • as an adjunct to diet and exercise to improve glycaemic control in adult patients, inadequately controlled on their maximal tolerated dose of metformin alone, or those already being treated with the combination of alogliptin and metformin. • in combination with pioglitazone (i.e. triple combination therapy) as an adjunct to diet and exercise in adult patients inadequately controlled on their maximal tolerated dose of metformin and pioglitazone. • in combination with insulin (i.e. triple combination therapy) as an adjunct to diet and exercise to improve glycaemic control in patients when insulin at a stable dose and metformin alone do not provide adequate glycaemic control. SMC restriction: to use in patients for whom this fixed dose combination of alogliptin and metformin is an appropriate choice of therapy and only when the addition of a sulphonylurea to metformin monotherapy is not appropriate. For patients in whom dual combination therapy with metformin and aloglitpin is appropriate it has the potential to reduce the pill burden at no additional cost. Alogliptin/metformin is licensed for use in triple combination therapy with pioglitazone or as add-on to insulin. The manufacturer's submission related only to the use of alogliptin/ metformin in dual therapy, therefore SMC cannot recommend the use of alogliptin/ metformin in triple therapy with either pioglitazone or insulin.	Not included on the LJF because clinicians do not support the formulary inclusion. The LJF choice is sitagliptin.	July 2015
biphasic insulin aspart (NovoMix 30®) *Novo Nordisk Ltd* 09.05.03 *SMC Report No. 06/02* RESUBMISSION	Accepted for use: biphasic insulin aspart (NovoMix 30®) is recommended for general use within NHS Scotland. Treatment of patients with diabetes mellitus. In trials of 12 weeks duration, biphasic insulin aspart has demonstrated similar effects on HbA1c levels to biphasic human insulin 30 and biphasic insulin lispro Mix 25. Biphasic insulin aspart 30 has demonstrated similar effects to its competitor insulins and therefore is an effective treatment for diabetes at broadly similar costs.	Approved for use - added to the Formulary, for initiation in secondary care.	September 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**
canagliflozin, 100mg and 300mg film-coated tablets (Invokana®) *Janssen-Cilag International NV* 09.06.14 *SMC Report No. 963/14*	Restricted use: canagliflozin (Invokana®) is accepted for restricted use within NHS Scotland in adults aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control as add-on therapy with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. SMC restriction: to use in the following situations: • dual therapy in combination with metformin • triple therapy in combination with metformin plus standard of care • add-on to insulin therapy in combination with insulin plus standard of care Treatment with canagliflozin reduces glycosylated haemoglobin (HbA1c) significantly more than placebo when used in combination with various anti-hyperglycaemic regimens (metformin, metformin and sulfonylurea, metformin and pioglitazone, insulin with/without additional anti-hyperglycaemic agents). In addition to metformin, canagliflozin was non-inferior to a sulfonylurea and a dipeptidyl peptidase-4 (DPP-4) inhibitor. In combination with metformin and sulfonylurea, canagliflozin was non-inferior to a DPP-4 inhibitor. Canagliflozin is also associated with reductions in body weight and systolic blood pressure. Canagliflozin is also licensed for use as monotherapy. The manufacturer's submission related only to the use of canagliflozin as add-on therapy with other glucose-lowering medicinal products. SMC cannot recommend the use of canagliflozin as monotherapy.	Not included on the LJF because clinicians do not support the formulary inclusion. The current LJF choice is dapagliflozin.	July 2014
canagliflozin plus metformin 50mg/850mg and 50mg/1000mg immediate-release tablets (Vokanamet®) *Janssen-Cilag Ltd* 12.01.15 *SMC Report No. 1019/14* PRODUCT UPDATE (abbreviated submission)	Restricted use: canagliflozin plus metformin (Vokanamet®) is accepted for restricted use within NHS Scotland in adults aged 18 years and older with type 2 diabetes mellitus as an adjunct to diet and exercise to improve glycaemic control: • in patients not adequately controlled on their maximally tolerated doses of metformin alone; • in patients on their maximally tolerated doses of metformin along with other glucose-lowering medicinal products, including insulin, when these do not provide adequate glycaemic control; • in patients already being treated with the combination of canagliflozin and metformin as separate tablets. SMC restriction: use in patients for whom a combination of canagliflozin and metformin is an appropriate choice of therapy Canagliflozin in combination with metformin has been shown to be bioequivalent to canagliflozin and metformin administered separately and canagliflozin administered twice daily has been shown to provide similar exposure to the equivalent dose administered once daily.	Not included on the LJF because clinicians do not support the formulary inclusion. The current LJF choice is dapagliflozin.	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**
cinacalcet 30mg, 60mg and 90mg tablets (Mimpara®) *Amgen* *January 2007* *NICE MTA 117* *Supersedes SMC Report No. 169/05*	NICE - recommends for use (NICE technology appraisal guidance 117. Cinacalcet for the treatment of secondary hyperparathyroidism in patients with end-stage renal disease on maintenance dialysis therapy. January 2007. www.nice.org.uk/page.aspx?o=TA117) NHS QIS www.nhshealthquality.org/nhsqis advises that NICE technology appraisal 117 recommendations are as valid for Scotland as for England and Wales.	Added to the LJF as a prescribing note. Specialist initiation.	March 2015
cinacalcet 30mg, 60mg & 90mg (Mimpara®) *Amgen Ltd* 13.10.08 *SMC Report No. 513/08* NON SUBMISSION	NOT RECOMMENDED: cinacalcet 30mg, 60mg & 90mg (Mimpara®) is not recommended for use within NHS Scotland for the reduction of hypercalcaemia in patients with primary hyperparathyroidism (HPT) for whom parathyroidectomy would be indicated on the basis of serum calcium levels (as defined by relevant treatment guidelines), but in whom parathyroidectomy is not clinically appropriate or is contraindicated. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHS Scotland.	NOT RECOMMENDED	
conjugated estrogen 0.3mg tablet (Premarin®) *Wyeth Pharmaceuticals* 12.11.07 *SMC Report No. 413/07* PRODUCT UPDATE (abbreviated submission)	Accepted for use: conjugated estrogen 0.3mg tablet (Premarin®) is accepted for use within NHS Scotland as hormone replacement therapy for estrogen deficiency symptoms in postmenopausal women. It should be used for patients in whom a conjugated estrogen is an appropriate choice of hormone replacement therapy and in whom the lower dose preparation provides adequate control of symptoms.	New formulation of a drug already included in the Formulary.	October 2007
conjugated oestrogen, medroxyprogesterone (Premique® Low Dose) *Wyeth* 08.11.04 *SMC Report No. 130/04*	Accepted for use: conjugated oestrogen 0.3mg, medroxyprogesterone 1.5mg (Premique® Low Dose) is accepted for use within NHS Scotland as hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women with an intact uterus. It is effective in controlling vasomotor symptoms and is associated with lower rates of breast pain and endometrial bleeding compared to other products with higher oestrogen content. It is more expensive than several other HRT therapies, but less expensive than the current market leader in Scotland.	Added to the Additional List. May be useful addition for those women who wish to reduce dose of HRT prior to stopping.	January 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**
dapagliflozin 5mg and 10mg film-coated tablets (Forxiga®) *Bristol-Myers Squibb / AstraZeneca* 14.01.13 *SMC Report No. 799/12*	Restricted use: dapagliflozin (Forxiga®) is accepted for restricted use within NHS Scotland for use in adults aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control as: Add-on combination therapy In combination with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. SMC restriction: Dapagliflozin is restricted to use as dual therapy in combination with metformin, when metformin alone with diet and exercise does not provide adequate glycaemic control and a sulphonylurea is inappropriate. In three phase III randomised, controlled studies, dapagliflozin when added to metformin was non-inferior to a sulphonylurea in combination with metformin, and superior to placebo in terms of glycaemic control, as measured by change in HbA1c. This was accompanied by reductions in body weight and the risk of hypoglycaemia with dapagliflozin treatment was similar to placebo and lower, when compared with sulphonylurea. In a phase III randomised, controlled study, dapagliflozin treatment, when added to an insulin-containing regimen, was associated with; greater reductions in HbA1c, in body weight; and similar rates of hypoglycaemia when compared with placebo. The submitting companies did not present a sufficiently robust economic analysis to gain acceptance by SMC for use in addition to insulin in patients who have inadequate glycaemic control. Dapagliflozin is also licensed for use as monotherapy when diet and exercise alone do not provide adequate glycaemic control in patients for whom use of metformin is considered inappropriate due to intolerance. The manufacturers' submission related only to the use of dapagliflozin when used as dual therapy in combination with either metformin or insulin. SMC cannot recommend the use of dapagliflozin as monotherapy.	Included on the LJF as a prescribing note in combination with metformin for the indication in question as per SMC restriction.	March 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**
dapagliflozin 5mg and 10mg film-coated tablets (Forxiga®) *Bristol-Myers Squibb / AstraZeneca* 10.03.14 *SMC Report No. 799/12* RESUBMISSION	Restricted use: dapagliflozin (Forxiga®) is accepted for restricted use within NHS Scotland. Indication under review: For use in adults aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control in combination with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. SMC restriction: In combination with insulin, when insulin with diet and exercise, does not provide adequate glycaemic control. In a phase III randomised, controlled study, dapagliflozin treatment, when added to an insulin-containing regimen, was associated with: greater reductions in glycosylated haemoglobin (HbA1c), in body weight, and similar rates of hypoglycaemia when compared with placebo. Dapagliflozin is also licensed for use as monotherapy when diet and exercise alone do not provide adequate glycaemic control in patients for whom use of metformin is considered inappropriate due to intolerance. The companies' submission related only to the use of dapagliflozin when used in combination with insulin. SMC cannot recommend the use of dapagliflozin as monotherapy. SMC has previously accepted dapagliflozin for restricted use in combination with metformin.	Included on the LJF as a prescribing note in combination with insulin, for Specialist Initiation, for the indication in question.	April 2014
dapagliflozin 5mg and 10mg film-coated tablet (Forxiga®) *AstraZeneca* 07.07.14 *SMC Report No. 799/12* 2nd RESUBMISSION	Restricted use: dapagliflozin (Forxiga®) is accepted for restricted use within NHS Scotland in adults aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control as add-on combination therapy in combination with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. SMC restriction: in triple therapy in combination with metformin and sulphonylurea, as an alternative to a dipeptidyl peptidase-4 (DPP-4) inhibitor. SMC has previously accepted dapagliflozin for use: • as dual therapy in combination with metformin, when metformin alone with diet and exercise does not provide adequate glycaemic control and a sulphonylurea is inappropriate. • in combination with insulin, when insulin with diet and exercise, does not provide adequate glycaemic control. Dapagliflozin is also licensed for use as monotherapy but the company's resubmission did not relate to its use in this setting. SMC cannot recommend the use of dapagliflozin as monotherapy.	Included on the LJF as a prescribing note, for the indication in question.	August 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**
dapagliflozin plus metformin 5mg/850mg and 5mg/1000mg film-coated tablets (Xigduo®) *AstraZeneca* 11.08.14 *SMC Report No. 983/14* PRODUCT UPDATE (abbreviated submission)	Restricted use: dapagliflozin plus metformin (Xigduo®) is accepted for restricted use within NHS Scotland in adults aged 18 years and older with type 2 diabetes mellitus as an adjunct to diet and exercise to improve glycaemic control: • in patients inadequately controlled on their maximally tolerated dose of metformin alone; • in combination with other glucose-lowering medicinal products, including insulin, in patients inadequately controlled with metformin and these medicinal products; • in patients already being treated with the combination of dapagliflozin and metformin as separate tablets. SMC restriction: to use in patients for whom a combination of dapagliflozin and metformin is an appropriate choice of therapy i.e. • when metformin alone does not provide adequate glycaemic control and a sulphonylurea is inappropriate. • in combination with insulin, when insulin and metformin does not provide adequate control. • in combination with a sulphonylurea, when a sulphonylurea and metformin does not provide adequate control. Dapagliflozin in combination with metformin has been shown to be bioequivalent to dapagliflozin and metformin administered separately and dapagliflozin administered twice daily has been shown to provide similar exposure to the equivalent dose administered once daily.	Included on the LJF as a prescribing note, for the indication in question.	August 2014
denosumab, 60mg solution for injection in a pre-filled syringe (Prolia®) *Amgen* 13.12.10 *SMC Report No. 651/10*	Restricted use: denosumab (Prolia®) is accepted for restricted use within NHS Scotland. Indication under review: treatment of osteoporosis in postmenopausal women at increased risk of fractures. Denosumab significantly reduces the risk of vertebral, non vertebral and hip fractures. SMC restriction: use only in patients with a bone mineral density (BMD) T-score < -2.5 and ≥ -4.0 for whom oral bisphosphonates are unsuitable due to contraindication, intolerance or inability to comply with the special administration instructions. Treatment with denosumab for three years significantly reduced the incidence of new vertebral, non-vertebral and hip fractures compared with placebo in postmenopausal women at increased risk of fractures.	Added to the Additional List, Specialist Use only	April 2011
denosumab (Prolia®) 60 mg solution for injection in a pre-filled syringe *Amgen Ltd* 10.11.14 *SMC Report No. 1013/14* NON SUBMISSION	NOT RECOMMENDED: denosumab (Prolia®) is not recommended for use within NHS Scotland for osteoporosis in men at increased risk of fractures. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland. NICE (National Institute for Health and Clinical Excellence) is currently undertaking a multiple technology appraisal (MTA) that includes the use of denosumab in this indication. However, due to the significant time interval between product availability and the expected date of NICE guidance, not recommended advice has been issued.	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**
desmopressin 120micrograms oral lyophilisate (DesmoMelt®) *Ferring Pharmaceuticals Ltd* 10.07.06 *SMC Report No. 282/06* PRODUCT UPDATE (abbreviated submission)	Accepted for use: desmopressin 120micrograms oral lyophilisate (DesmoMelt®) is accepted for use within NHS Scotland for the treatment of primary nocturnal enuresis. At clinically equivalent doses there is no additional cost for the sublingual formulation compared with conventional tablets.	Added to the LJF as first choice for use in primary nocturnal enuresis.	April 2007
desmopressin 240micrograms oral lyophilisate (DesmoMelt®) *Ferring Pharmaceuticals Ltd* 07.05.07 *SMC Report No. 357/07* PRODUCT UPDATE (abbreviated submission)	Accepted for use: desmopressin 240micrograms oral lyophilisate (DesmoMelt®) is accepted for use in NHS Scotland for the treatment of primary nocturnal enuresis. In patients for whom desmopressin oral lyophilisate is an appropriate choice of therapy, it offers a higher dose formulation at an equivalent cost to existing formulations.	Added to the LJF as first choice for use in primary nocturnal enuresis.	April 2007
desmopressin 60, 120 and 240micrograms oral lyophilisate (DDAVP Melt®) *Ferring Pharmaceuticals Ltd* 07.05.07 *SMC Report No. 358/07* PRODUCT UPDATE (abbreviated submission)	Accepted for use: desmopressin oral lyophilisate (DDAVP Melt®) is accepted for use in NHS Scotland for the treatment of vasopressin-sensitive cranial diabetes insipidus and in the treatment of post-hypophysectomy polyuria/polydipsia. In patients for whom desmopressin is an appropriate choice of therapy, it offers a sublingual formulation at an equivalent cost to a clinically equivalent dose in a solid oral dose formulation.	New formulation of a drug already included in the Formulary.	October 2007
dibotermin alfa (recombinant human bone morphogenetic protein-2/absorbable collagen sponge; rhBMP-2/ACS), 12mg kit for implant (InductOs®) *Medtronic* 07.05.07 *SMC Report No. 365/07*	Restricted use: dibotermin alfa (InductOs®) is accepted for restricted use within NHS Scotland for the treatment of acute tibia fractures in adults, as an adjunct to standard care using open fracture reduction and intramedullary nail fixation in patients in whom there is a substantial risk of non-union. It is restricted to patients treated with unreamed intramedullary nails. Cost effectiveness has only been shown in Gustilo-Anderson Grade IIIB fractures.	Added to the Additional List – Specialist Use only - to be used in unreamed open tibial fractures Gustilo-Anderson grade IIIB.	June 2008
dibotermin alfa (InductOs®) *Medtronic Limited*	To promote bone fusion in spinal surgery in adult scoliosis in patients: • With high risk of pseudoarthrosis due to older age, metabolic bone disease, long instrumentation, or other circumstances which increase the risk of non-union. • In revision surgery where there has been previous bone loss or established pseudoarthrosis. 	Added to the Additional List, for Specialist Use only. Dibotermin alfa has been categorised **RED** under the ADTC 'Policy and procedures for the use of unlicensed medicines'.	October 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**
dulaglutide 0.75mg and 1.5mg solution for injection in pre-filled pen (Trulicity®) *Eli Lilly and Company Ltd.* 11.01.16 *SMC Report No. 1110/15*	Restricted use: dulaglutide (Trulicity®) is accepted for restricted use within NHS Scotland. Indication under review: in adults with type 2 diabetes mellitus to improve glycaemic control as add-on therapy in combination with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. SMC restriction: as part of a triple therapy in patients with inadequate glycaemic control on two oral anti-diabetic drugs, as an alternative glucagon-like peptide 1 (GLP-1) agonist option. Dulaglutide 1.5mg once weekly significantly reduced glycosylated haemoglobin (HbA1c) compared with a twice daily GLP-1 agonist and compared with a long-acting basal insulin analogue in patients with inadequate glycaemic control on two oral anti-diabetic drugs. Dulaglutide is also indicated for adults with type 2 diabetes mellitus to improve glycaemic control as monotherapy when diet and exercise alone do not provide adequate glycaemic control in patients for whom the use of metformin is considered inappropriate due to intolerance or contraindications. SMC has not reviewed dulaglutide in this indication and cannot recommend its use within NHS Scotland.	Included on the LJF as first choice weekly preparation, for the indication in question.	May 2016
empagliflozin 10mg and 25mg tablet (Jardiance®) *Boehringer Ingelheim / Eli Lilly* 13.10.14 *SMC Report No. 993/14*	Restricted use: empagliflozin (Jardiance®) is accepted for restricted use within NHS Scotland for the treatment of type 2 diabetes to improve glycaemic control in adults as add-on combination therapy: in combination with other glucose–lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. SMC restriction: to use in the following situations: • dual therapy in combination with metformin, when a sulphonylurea is inappropriate • triple therapy in combination with metformin plus standard of care • add-on to insulin therapy in combination with insulin plus standard of care Empagliflozin was superior to placebo for glycaemic control in combination with various anti-diabetic medicines (metformin; metformin plus sulphonylurea; thiazolidinedione ± metformin; and insulin) and it was non-inferior to a sulphonylurea in combination with metformin. Empagliflozin is also indicated as monotherapy in patients who cannot tolerate metformin. SMC cannot recommend the use of empagliflozin as monotherapy as the company's submission did not include evidence of cost-effectiveness in this setting.	Included on the LJF, as first choice, Specialist initiation.	March 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**
empagliflozin plus metformin 5mg/85mg, 5mg/1000mg, 12.5mg/850mg, 12.5mg/1000mg film-coated tablets (Synjardy®) *Boehringer Ingelheim Ltd* 12.10.15 *SMC Report No. 1092/15* PRODUCT UPDATE (abbreviated submission)	Restricted use: empagliflozin/metformin (Synjardy®) is accepted for restricted use within NHS Scotland. Indication under review: in adults aged 18 years and older with type 2 diabetes mellitus as an adjunct to diet and exercise to improve glycaemic control; • in patients inadequately controlled on their maximally tolerated dose of metformin alone • in patients inadequately controlled with metformin in combination with other glucose-lowering medicinal products, including insulin • in patients already being treated with the combination of empagliflozin and metformin as separate tablets. SMC restriction: • for use in patients for whom this fixed dose combination of empagliflozin and metformin is considered appropriate. • for use as dual therapy (empagliflozin and metformin) when a sulphonylurea is inappropriate. Empagliflozin/metformin (Synjardy®) has the potential to reduce the pill burden at no additional cost.	Included on the LJF, as first choice, Specialist initiation.	March 2016
eptotermin alfa (Osigraft®) *Stryker UK Ltd*	Treatment of non-union of long bones of at least 9 month duration, secondary to trauma, in skelletally mature patients, in cases where previous treatment with autograft has failed or use of autograft is unfeasible. 	Added to the Additional List, Specialist Use only. Eptotermin alfa for the treatment of non-union of long bones has been categorised **RED** under the ADTC 'Policy for the use of unlicensed (and off-label use) Medicines in NHS Lothian'.	January 2011
1mg estradiol and 2mg drospirenone tablets (Angeliq®) *Schering Health Care Ltd* 09.01.06 *SMC Report No. 227/05*	NOT RECOMMENDED: 1mg estradiol/2mg drospirenone (Angeliq®) is not recommended for use within NHS Scotland for prevention of osteoporosis in postmenopausal women at high risk of future fractures who are intolerant of, or have contra-indications to, other medicinal products approved for the prevention of osteoporosis. It maintains bone mineral density, relative to placebo, in post-menopausal women. However, no evidence of cost effectiveness has been presented.	NOT RECOMMENDED	
1mg estradiol and 2mg drospirenone tablets (Angeliq®) *Schering Health Care Ltd* 09.01.06 *SMC Report No. 230/05*	NOT RECOMMENDED: 1mg estradiol/2mg drospirenone (Angeliq®) is not recommended for use within NHS Scotland as hormone replacement therapy for oestrogen deficiency symptoms in postmenopausal women more than 1 year post-menopause. It is effective in reducing the frequency of hot flushes and other symptoms of the menopause but comparative data versus other low dose continuous combined treatment are lacking. The cost effectiveness has not been demonstrated and there are cheaper alternatives.	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**
estradiol and levonorgestrel transdermal patch (FemSeven Sequi®) *Merck Pharmaceuticals* 06.12.02 *SMC Report No. 20/02*	Accepted for use: FemSeven Sequi® is recommended for general use within NHS in Scotland. FemSeven Sequi® offers an alternative sequential combined hormone replacement therapy (HRT) for the treatment of oestrogen deficiency symptoms in postmenopausal women. It is formulated as a transdermal patch and is the first sequential combined HRT patch to allow once weekly application. It is not licensed for the prophylaxis of osteoporosis.	Approved for use - added to the Formulary as second choice drug.	March 2003
estradiol and levonorgestrel transdermal patch (FemSeven Conti®) *Merck Pharmaceuticals* 10.01.03 *SMC Report No. 28/02*	Accepted for use: FemSeven Sequi® is recommended for use within NHS in Scotland. FemSeven Sequi® offers an alternative continuous combined hormone replacement therapy (HRT) for the treatment of oestrogen deficiency symptoms in postmenopausal women more than one year after menopause. It is formulated as a transdermal patch and is the first continuous combined HRT patch to allow once weekly application. It is not licensed for prophylaxis of osteoporosis. HRT patches are in general more expensive than oral preparations.	Approved for use - added to the Additional List.	March 2003
exenatide, 5 or 10micrograms, solution for injection, pre-filled pen (Byetta®) *Eli Lilly and Company Limited* 09.07.07 *SMC Report No. 376/07*	Restricted use: exenatide (Byetta®) is accepted for restricted use within NHS Scotland for the treatment of type 2 diabetes mellitus in combination with metformin and/or sulphonylureas in patients who have not achieved adequate glycaemic control on maximally tolerated doses of these oral therapies. It has shown non-inferiority to two insulin regimens with which it has been compared and has a beneficial effect on weight. It is restricted to use as an alternative to insulin in patients who have failed treatment on metformin and/or sulphonylureas and in whom insulin would be the next treatment option.	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.	November 2013
exenatide, 5 or 10 micrograms, solution for injection, pre-filled pen (Byetta®) *Eli Lilly and Company Limited* 07.03.11 *SMC Report No. 684/11*	Restricted use: exenatide (Byetta®) is accepted for restricted use within NHS Scotland. Indication under review: treatment of type 2 diabetes mellitus in combination with thiazolidinediones with or without metformin in patients who have not achieved adequate glycaemic control on maximally tolerated doses of these oral therapies. SMC restriction: restricted to use in combination with metformin and a thiazolidinedione as a third-line pre-insulin treatment option. The addition of exenatide to a thiazolidinedione alone or in combination with metformin modestly improved glycaemic control compared with placebo in studies up to 26 weeks, but was associated with nausea and vomiting in some patients. Exenatide has previously been accepted by SMC for restricted use for the treatment of type 2 diabetes mellitus in combination with metformin and/or sulphonylureas in patients who have not achieved adequate glycaemic control on maximally tolerated doses of these oral therapies.	'Not Preferred' in Lothian. A submission has not been made to FC regarding this product for this indication.	March 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**
exenatide 2mg powder and solvent for prolonged-release suspension for injection (Bydureon®) *Eli Lilly and Company Limited* 16.01.12 *SMC Report No. 748/11*	Restricted use: exenatide once weekly (Bydureon®) is accepted for restricted use within NHS Scotland for the treatment of type 2 diabetes mellitus in combination with: - metformin - sulphonylurea - thiazolidinedione - metformin and sulphonylurea - metformin and thiazolidinedione in adults who have not achieved adequate glycaemic control on maximally tolerated doses of these oral therapies. SMC restriction: Exenatide once weekly is restricted to use as a third line treatment option. The economic case for exenatide once weekly for second line use in combination with metformin in place of a sulphonylurea has not been made. In four randomised comparative studies in patients with type II diabetes and receiving oral anti-diabetic agents and/or diet and exercise regimens, exenatide once weekly was superior to the comparators for change in HbA1c. However in a fifth study exenatide once weekly was not superior to another glucagon-like peptide-1 receptor agonist.	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.	November 2013
exenatide, 5 micrograms & 10 micrograms, solution for injection, prefilled pen (Byetta®) *Eli Lilly and Company Limited* 11.06.12 *SMC Report No. 785/12*	Accepted for use: exenatide (Byetta®) is accepted for use within NHS Scotland as adjunctive therapy to basal insulin with or without metformin and/or pioglitazone in adults with type 2 diabetes who have not achieved adequate glycaemic control with these agents. In the pivotal phase lll study, addition of exenatide to basal insulin in combination with other anti-diabetic agents was associated with a clinically significant reduction in HbA1c of -0.7% compared with placebo, with 60% of patients achieving a target HbA1c level ≤7.0%.	Not included on the LJF because clinicians have not responded to an invitation to apply for formulary inclusion.	August 2012
gliclazide 30mg modified release tablet (Diamicron® MR) *Servier*	Type II diabetes mellitus	Added to the Formulary as a prescribing note. This preparation should be reserved for patients with a demonstrated compliance problem.	March 2005
hydrocortisone 5mg and 20mg modified-release tablets (Plenadren®) *Shire Pharmaceuticals Limited* 12.12.16 *SMC Report No. 848/12*	NOT RECOMMENDED: hydrocortisone modified release (Plenadren®) is not recommended for use within NHS Scotland for the treatment of adrenal insufficiency in adults. Compared with three times daily immediate-release hydrocortisone, once daily modified-release hydrocortisone (taken in the morning) demonstrated approximately 20% lower cortisol exposure over 24 hours. A high cortisol concentration peak in the morning and gradual decline during the afternoon with modified-release hydrocortisone partially reflects the physiological profile. The submitting company did not present a sufficiently robust clinical and economic analysis to gain acceptance by SMC. This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting.	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**
ibandronic acid (also known as ibandronate), 150mg, film-coated tablet (Bonviva®) *Roche/GSK* 13.02.06 *SMC Report No. 228/05*	Accepted for use: ibandronic acid (Bonviva®) is accepted for use within NHS Scotland for the treatment of osteoporosis in postmenopausal women in order to reduce the risk of vertebral fractures. Ibandronic acid 150mg monthly is superior to daily ibandronic acid in terms of lumbar spine bone mineral density at 1 year. Compared with placebo, daily administration of ibandronic acid results in a relative risk reduction for vertebral fractures of 62%. Unlike some other bisphosphonates, efficacy in reducing femoral neck fractures (and other non-vertebral fractures) has not been established.	Added to the LJF as a prescribing note, for use in patients intolerant of other bisphosphonates and strontium ranelate.	January 2007
ibandronic acid (also known as ibandronate), 3mg in 3ml solution for injection in pre-filled syringe (Bonviva®) *Roche/GlaxoSmithKline* 11.09.06 *SMC Report No. 301/06*	Restricted use: Intravenous ibandronic acid (Bonviva®) is accepted for restricted use within NHS Scotland for the treatment of osteoporosis in postmenopausal women, in order to reduce the risk of vertebral fractures. Efficacy on femoral neck fractures has not been established. Intravenous ibandronic acid is restricted to use in patients who are unsuitable for or unable to tolerate oral treatment options for osteoporosis. Treatment initiation should be under specialist supervision.	Added to the Formulary as a prescribing note- Specialist Use only.	June 2008
inhaled insulin, 1mg and 3mg inhalation powder (Exubera®) *Pfizer* 11.09.06 *SMC Report No. 254/06*	NOT RECOMMENDED: inhaled insulin (Exubera®) is not recommended for use within NHS Scotland for the treatment of adult patients with type 2 diabetes mellitus not adequately controlled with oral antidiabetic agents and requiring insulin therapy or for the treatment of adult patients with type 1 diabetes mellitus, in addition to long or intermediate acting subcutaneous insulin, for whom the potential benefits of adding inhaled insulin outweigh the potential safety concerns. The economic case has not been demonstrated.	NOT RECOMMENDED WITHDRAWN FROM THE MARKET	
insulin aspart (Fiasp®) 100 units/mL solution for injection in vial; solution for injection in cartridge (Penfill®); solution for injection in pre-filled pen (FlexTouch®) *Novo Nordisk Ltd* 10.04.17 *SMC Report No. 1227/17* PRODUCT UPDATE (abbreviated submission)	Treatment of diabetes mellitus in adults.	Not routinely available as local implementation plans are being developed or the FC is waiting for further advice from local clinical experts – decision expected by 1 September 2017. Not included on the LJF, pending protocol.	April 2017

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**
insulin degludec (Tresiba®) 100units/mL solution for injection in pre-filled pen or cartridge and 200units/mL solution for injection in pre-filled pen *Novo Nordisk* 08.08.16 *SMC Report No. 856/13* 2nd RESUBMISSION	Accepted for use: insulin degludec (Tresiba®) is accepted for use within NHS Scotland for the treatment of diabetes mellitus in adults. In three phase III studies in adults with type 1 diabetes mellitus, and five phase III studies in adults with type 2 diabetes mellitus, insulin degludec was non-inferior to other long-acting insulin analogues, assessed by the mean change in glycosylated haemoglobin (HbA1c). Insulin degludec is also indicated for the treatment of diabetes mellitus in adolescents and children from the age of 1 year. The holder of the marketing authorisation has not made a submission to SMC regarding this indication and as a result SMC cannot recommend its use within NHS Scotland.	Not included on the LJF because clinicians do not support the formulary inclusion.	October 2016
insulin detemir (Levemir®) *Novo Nordisk* 09.08.04 SMC Report No. 110/04	Restricted use: insulin detemir is accepted for restricted use within NHS Scotland for the treatment of diabetes mellitus. Insulin detemir is an acceptable basal insulin for patients with diabetes mellitus. Its use should be targeted on patients attempting to achieve better hypoglycaemic control as there may be some benefit related to a reduced intra-individual variation in glycaemic profile for insulin detemir compared with established insulins. It appears to be cost effective from the base-case of economic modelling, but this is limited by the degree of extrapolation involved and the associated width of the confidence intervals.	Added to the LJF as a Prescribing Note.	August 2004
insulin detemir (Levemir®) *Novo Nordisk Ltd* 13.06.05 *SMC Report No. 138/04* PRODUCT UPDATE (abbreviated submission)	Restricted use: insulin detemir is accepted for restricted use in Scotland in the treatment of children and adolescents with diabetes mellitus. The licence has been extended to include these patient groups and the restriction reflects similar advice from the Scottish Medicines Consortium (August 2004) when insulin detemir was reviewed as a new product for adult patients only.	Added to the LJF for Children.	August 2005
insulin detemir, 100 U/ml solution for injection via InnoLet® device (Levemir® in InnoLet®) *Novo Nordisk Ltd* 13.08.07 *SMC Report No. 393/07* PRODUCT UPDATE (abbreviated submission)	Restricted use: insulin detemir (Levemir®) for injection via the InnoLet® device is accepted for restricted use within NHS Scotland for treatment of diabetes mellitus in patients for whom insulin detemir is an appropriate choice of insulin and who have poor visual acuity and dexterity problems. The Scottish Medicines Consortium has previously advised that insulin detemir should be restricted to patients attempting to achieve better hypoglycaemic control as there may be some benefit related to a reduced intra-individual variation in glycaemic profile for insulin detemir compared with established insulins.	New formulation of a drug already included in the Formulary.	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**
insulin detemir (Levemir®) *NovoNordisk* 14.05.12 *SMC Report No. 780/12* PRODUCT UPDATE (abbreviated submission)	Restricted use: insulin detemir (Levemir®) is accepted for restricted use within NHS Scotland for the treatment of diabetes mellitus in adults, adolescents and children aged 2 years and above. SMC restriction: in patients unable to achieve good glycaemic control with established insulins. Insulin detemir has previously been accepted for restricted use by SMC in adults, adolescents and children from 6 years of age. Insulin detemir is included in the British National Formulary for Children 2011-2012.	Included on the LJF for the indication in question. Added to the LJF for Children.	May 2012
insulin detemir 100units/mL, solution for injection in cartridge (Penfill), pre-filled pen (FlexPen) and pre-filled pen (InnoLet) (Levemir®) *Novo Nordisk Limited* 07.03.16 *SMC Report No. 1126/16* PRODUCT UPDATE (abbreviated submission)	Restricted use: insulin detemir (Levemir®) is accepted for restricted use within NHS Scotland. Indication under review: for treatment of diabetes mellitus in adults, adolescents and children aged 1 year and above. SMC restriction: in patients unable to achieve good glycaemic control with established insulins. Insulin detemir has previously been accepted for restricted use by SMC in adults, adolescents and children from 2 years of age. Insulin detemir is included in the British National Formulary for Children (November 2015).	Included on the LJF.	March 2016
insulin glargine (Lantus®) *Aventis* 04.10.02 *SMC Report No. 11/02*	Restricted use: insulin glargine (Lantus®) is recommended for restricted use within the NHS Scotland. Insulin glargine is an acceptable treatment for patients with diabetes mellitus. Pending further studies, its use should be targeted on patients who are at risk or experience unacceptable frequency and/or severity or nocturnal hypoglycaemia on attempting to achieve better hypoglycaemic control during treatment with established insulins. It is also acceptable as a once daily insulin therapy for patients who require carer administration of their insulin. At present the evidence does not support its routine use in patients with type 2 diabetes unless they suffer from recurrent episodes of hypoglycaemia or require assistance with their insulin injections.	Approved for use - added to the Adult Formulary and the LJF for Children.	May 2003
insulin glargine 100 units/ml solution for injection in a pre-filled pen (Lantus® SoloStar®) *Sanofi-aventis* 07.04.08 *SMC Report No. 456/08* PRODUCT UPDATE (abbreviated submission)	Restricted use: insulin glargine 100 units/ml solution for injection in a pre-filled pen (Lantus®SoloStar) is accepted for restricted use in the treatment of adults, adolescents and children of 6 years or above with diabetes mellitus, where treatment with insulin is required. It may be used in patients in whom treatment with this insulin analogue is appropriate and in whom the use of a pre-filled pen offers advantages over a pen and cartridge device. The use of insulin glargine should be targeted on patients with Type I diabetes who are at risk of or experience unacceptable frequency and/or severity of nocturnal hypoglycaemia on attempting to achieve better hypoglycaemic control during treatment with established insulins. It is also acceptable as a once daily insulin therapy for patients who require carer administration of their insulin. In patients with type 2 diabetes it should be restricted to those who suffer from recurrent episodes of hypoglycemia or require assistance with their insulin injections.	New formulation of a drug already in the Formulary.	April 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**
insulin glargine (Abasaglar®) 100units/ml *Eli Lilly and Company Ltd*	Treatment of diabetes mellitus in adults, adolescents and children aged 2 years and above	Included on the LJF as first choice, for the indication in question.	October 2015
insulin glargine 100units/ml solution for injection in a vial, cartridge, pre-filled pen (Lantus®, Clikstar®, Lantus®Solostar®) *Sanofi* 08.04.13 *SMC Report No. 860/13* PRODUCT UPDATE (abbreviated submission)	Restricted use: insulin glargine is accepted for restricted use within NHS Scotland for the treatment of diabetes mellitus in adults, adolescents and children aged 2 years and above. SMC restriction: patients in whom treatment with an insulin analogue is appropriate. Its use should be targeted on patients with Type I diabetes who are at risk of or experience unacceptable frequency and/or severity of nocturnal hypoglycaemia on attempting to achieve better hypoglycaemic control during treatment with established insulins. It is also acceptable as a once daily insulin therapy for patients who require carer administration of their insulin. In patients with type 2 diabetes it should be restricted to those who suffer from recurrent episodes of hypoglycemia or require assistance with their insulin injections. The pre-filled pen has previously been accepted for restricted use in patients from the age of 6 years and above.	Included on the LJF for the indication in question.	April 2013
insulin glargine 300 units/mL solution for injection in a pre-filled pen (Toujeo®) *Sanofi* 07.09.15 *SMC Report No. 1078/15* PRODUCT UPDATE (abbreviated submission)	Restricted: Insulin glargine (Toujeo®) is accepted for restricted use within NHS Scotland. Indication under review: Treatment of type 1 or type 2 diabetes mellitus in adults aged 18 years and above. SMC restriction: Its use should be targeted on patients with Type I diabetes who are at risk of or experience unacceptable frequency and/or severity of nocturnal hypoglycaemia on attempting to achieve better hypoglycaemic control during treatment with established insulins. It is also acceptable as a once daily insulin therapy for patients who require carer administration of their insulin. In patients with type 2 diabetes it should be restricted to those who suffer from recurrent episodes of hypoglycemia or require assistance with their insulin injections. Insulin glargine 300 units/mL (Toujeo®) has similar efficacy but is not bioequivalent to insulin glargine 100 units/mL and therefore not interchangeable without dose adjustment. At doses that provide comparable glycaemic control, Toujeo® is available at a similar cost to insulin glargine 100 units/mL.	Not included on the LJF because the NHS Board decision is that the medicine does not represent sufficient added benefit to other comparator medicines to treat the condition in question.	September 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**
insulin glulisine solution for subcutaneous injection 100 units/ml (Apidra®) *Sanofi-aventis* 10.11.08 *SMC Report No. 512/08* PRODUCT UPDATE (abbreviated submission)	Restricted use: insulin glulisine (Apidra®) is accepted for restricted use within NHS Scotland for the treatment of adolescents and children, 6 years or older with diabetes mellitus, where treatment with insulin is required and for whom the use of a short-acting insulin analogue is appropriate. Insulin glulisine has a similar efficacy to other short-acting insulins in reducing glycated haemoglobin and a similar pharmacokinetic profile to at least one other insulin analogue. It is restricted to use in patients where soluble human insulin is inappropriate. The Scottish Medicines Consortium has previously accepted this product for restricted use for this indication in adults.	Added to the Formulary.	October 2008
insulin glulisine for subcutaneous injection 100 units/ml (Apidra®) *Sanofi Aventis* 11.09.06 *SMC Report No. 298/06*	Restricted use: insulin glulisine (Apidra®) is accepted for restricted use within NHS Scotland for the treatment of adult patients with diabetes mellitus in whom treatment with a short-acting insulin analogue is appropriate. Insulin glulisine has similar efficacy to other short-acting insulins in reducing glycated haemoglobin and a similar pharmacokinetic profile to at least one other insulin analogue. It is restricted to use in patients where regular human insulin is inappropriate.	Added to the Formulary.	October 2008
insulin glulisine 100 units/ml solution for injection in a pre-filled pen (Apidra® SoloStar®) *Sanofi-aventis* 07.04.08 *SMC Report No. 457/08* PRODUCT UPDATE (abbreviated submission)	Restricted use: insulin glulisine 100 units/ml solution for injection in a pre-filled pen (Apidra® Solostar®) is accepted for restricted use within NHS Scotland for the treatment of adult patients with diabetes mellitus in whom treatment with this insulin analogue is appropriate and in whom the use of a pre-filled pen offers advantages over a pen and cartridge device. Insulin glulisine has similar efficacy to other short-acting insulins in reducing glycated haemoglobin and a similar pharmacokinetic profile to at least one other insulin analogue. It is restricted to use in patients where regular human insulin is inappropriate.	Added to the Formulary.	October 2008
insulin lispro 100 units/ml suspension for injection consisting of insulin lispro 25% and insulin lispro protamine 75% (Humalog® Mix25 KwikPen) and insulin lispro 100 units/ml suspension for injection consisting of insulin lispro 50% and insulin lispro protamine 50% (Humalog® Mix50 KwikPen) *Lilly UK* 10.11.08 *SMC Report No. 509/08* PRODUCT UPDATE (abbreviated submission)	Accepted for use: insulin lispro (Humalog® Mix25 KwikPen) and insulin lispro (Humalog® Mix50 KwikPen) are accepted for use within NHS Scotland for the treatment of patients with diabetes mellitus who require insulin for maintenance of normal glucose homeostasis, for whom treatment with this biphasic insulin analogue is appropriate.	Added to the Formulary.	November 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**
insulin lispro 100 units/ml solution for injection in a pre-filled pen (Humalog® KwikPen) *Lilly UK* 10.11.08 *SMC Report No. 508/08* PRODUCT UPDATE (abbreviated submission)	Accepted for use: insulin lispro (Humalog® KwikPen) is accepted for use within NHS Scotland for the treatment of adults and children with diabetes mellitus who require insulin for maintenance of normal glucose homeostasis, and for the initial stabilisation of diabetes mellitus. It may be used in patients for whom treatment with this short-acting insulin analogue is appropriate.	Added to the Formulary.	November 2008
insulin lispro (Humalog®) 200units/ml Kwikpen	Treatment of adults with diabetes mellitus who require insulin for the maintenance of normal blood glucose homeostasis , and for the initial stabilisation of diabetes mellitus.	Not included on the LJF because the NHS Board decision is that the medicine does not represent sufficient added benefit to other comparator medicines to treat the condition in question.	October 2015
insulin degludec (Tresiba®) *Novo Nordisk Limited* 11.05.15 *SMC Report No. 1060/15* NON SUBMISSION	NOT RECOMMENDED: Insulin degludec (Tresiba) is not recommended for use within NHS Scotland as treatment of diabetes mellitus in adults, adolescents and children from the age of 1 year. 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	
insulin degludec/liraglutide 100 units/mL / 3.6mg/mL solution for injection pre-filled pen (Xultophy®) *Novo Nordisk A/S* 12.10.15 SMC Report No. 1088/15	Restricted use: insulin degludec/liraglutide (Xultophy®) is accepted for restricted use within NHS Scotland. Indication under review: Treatment of adults with type 2 diabetes mellitus to improve glycaemic control in combination with oral glucose-lowering medicinal products when these alone or combined with a GLP-1 receptor agonist or with basal insulin do not provide adequate glycaemic control. SMC restriction: for use in patients who are uncontrolled on basal insulin analogues (glycosylated haemoglobin [HbA1c] >7.5% [59mmol/mol]) and for whom a GLP-1 receptor agonist is appropriate as an add-on intensification therapy to basal insulin to obtain glucose control. In two phase III studies treatment with insulin degludec/liraglutide resulted in a significant reduction from baseline to week 26 in HbA1c compared with the basal insulin comparators.	Not included on the LJF because clinicians have not responded to an invitation to apply for formulary inclusion for this medicine.	November 2015
ketoconazole (Ketoconazole HRA®) 200mg tablets *HRA Pharma* 07.09.15 *SMC Report No.1100/15*	NOT RECOMMENDED: ketoconazole (Ketaconazole HRA®) 200 mg tablets are not recommended for use within NHS Scotland. Indication under review: Treatment of endogenous Cushing's syndrome in adults and adolescents above the age of 12 years. 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**
linagliptin, 5mg film-coated tablet (Trajenta®) *Boehringer Ingelheim / Eli Lilly and Company Ltd* 16.01.12 *SMC Report No. 746/11*	Restricted Use: linagliptin film-coated tablet (Trajenta®) is accepted for restricted use within NHS Scotland. For the treatment of type 2 diabetes mellitus to improve glycaemic control in adults: <u>As monotherapy</u> • in patients inadequately controlled by diet and exercise alone and for whom metformin is inappropriate due to intolerance, or contra-indicated due to renal impairment <u>As combination therapy</u> • in combination with metformin when diet and exercise plus metformin alone do not provide adequate glycaemic control • in combination with a sulphonylurea and metformin when diet and exercise plus dual therapy with these medicinal products do not provide adequate glycaemic control SMC restriction: in combination therapy with metformin when diet and exercise plus metformin alone does not provide adequate glycaemic control in patients for whom the addition of a sulphonylurea is inappropriate. In two randomised double-blind, controlled studies, linagliptin in combination with metformin was found to be non-inferior to a sulphonylurea plus metformin, and superior to placebo plus metformin in controlling glycaemia, measured by the change in glycosylated haemoglobin (HbA1c). Linagliptin was associated with similar rates of hypoglycaemia and changes in weight when compared with placebo. Linagliptin is one of a number of medicines in this class, some of which are available at a lower acquisition cost. SMC cannot recommend the use of linagliptin as monotherapy or in combination with metformin and a sulphonylurea as the company's submission related only to its use in combination with metformin.	Not included on the LJF because NHS Lothian decision is that the medicine does not represent sufficient added benefit to other comparator medicines to treat the condition in question which are already available in the formulary. The current LJF choice is sitagliptin.	April 2013
linagliptin 2.5mg plus metformin 850mg and linagliptin 2.5mg plus metformin 1000mg film-coated tablets (Jentadueto®) *Boehringer Ingelheim* 11.02.13 *SMC Report No. 841/13* PRODUCT UPDATE (abbreviated submission)	Restricted use: linagliptin plus metformin tablets (Jentadueto®) is accepted for restricted use within NHS Scotland for the treatment of adult patients with type 2 diabetes mellitus: • as an adjunct to diet and exercise to improve glycaemic control in adult patients inadequately controlled on their maximal tolerated dose of metformin alone, or those already being treated with the combination of linagliptin and metformin. • in combination with a sulphonylurea (i.e. triple combination therapy) as an adjunct to diet and exercise in adult patients inadequately controlled on their maximal tolerated dose of metformin and a sulphonylurea. SMC restriction: to use in patients for whom a combination of linagliptin and metformin is an appropriate choice of therapy and these fixed-doses are considered appropriate.	Not included on the LJF because NHS Lothian decision is that the medicine does not represent sufficient added benefit to other comparator medicines to treat the condition in question which are already available in the formulary. Sitagliptin remains the LJF choice.	January 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**
linagliptin, 5mg film-coated tablets (Trajenta®) *Boehringer Ingelheim and Eli Lilly* 11.02.13 *SMC Report No. 850/13*	Restricted use: linagliptin (Trajenta®) is accepted for restricted use within NHS Scotland for the treatment of type 2 diabetes mellitus to improve glycaemic control in adults: as monotherapy • in patients inadequately controlled by diet and exercise alone and for whom metformin is inappropriate due to intolerance, or contraindicated due to renal impairment. as combination therapy • in combination with a sulphonylurea and metformin when diet and exercise plus dual therapy with these medicinal products does not provide adequate glycaemic control. • in combination with insulin with or without metformin, when this regimen alone, with diet and exercise, does not provide adequate glycaemic control. SMC restriction: - as monotherapy in patients for whom both metformin and sulphonylureas are inappropriate due to contraindications or intolerance. - as combination therapy with a sulphonylurea and metformin when diet and exercise plus dual therapy does not provide adequate glycaemic control. Treatment with linagliptin reduces HbA1c levels significantly more than placebo when used as monotherapy or in combination with metformin and a sulphonylurea or in combination with insulin and/or metformin and/or pioglitazone. An indirect comparison demonstrated similar efficacy to another DPP-4 inhibitor. SMC is unable to recommend the use of linagliptin in combination with insulin as the economic case has not been demonstrated.	Not included on the LJF because NHS Lothian decision is that the medicine does not represent sufficient added benefit to other comparator medicines to treat the condition in question which are already available in the formulary. The current LJF choice is sitagliptin.	April 2013
linagliptin 5mg tablet (Trajenta®) *Boehringer Ingelheim and Eli Lilly* 11.05.15 *SMC Report No. 850/13* RESUBMISSION	Accepted for use: linagliptin (Trajenta®) is accepted for use within NHS Scotland for the treatment of type 2 diabetes mellitus to improve glycaemic control in adults in combination with insulin with or without metformin, when this regimen alone, with diet and exercise, does not provide adequate glycaemic control. Linagliptin, compared with placebo, improved glycaemic control in adults with type 2 diabetes who had inadequate glycaemic control on an insulin-containing regimen. SMC has previously accepted linagliptin for restricted use as monotherapy in combination with metformin, and in combination with a sulphonylurea and metformin, This now extends the advice to include its use in combination with insulin.	Not included because clinicians do not support the formulary inclusion.	July 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**
linagliptin 2.5mg plus metformin 850mg and linagliptin 2.5mg plus metformin 1000mg film-coated tablets (Jentadueto®) *Boehringer Ingelheim* 08.06.15 *SMC Report No. 1057/15* PRODUCT UPDATE (abbreviated submission)	Restricted use: linagliptin plus metformin combination tablets (Jentadueto®) is accepted for restricted use within NHS Scotland. Indication under review: for the treatment of adult patients with type 2 diabetes mellitus in combination with insulin (i.e. triple combination therapy) as an adjunct to diet and exercise to improve glycaemic control when insulin and metformin alone do not provide adequate glycaemic control. SMC restriction: to use in patients for whom a combination of linagliptin and metformin is an appropriate choice of therapy and the fixed doses are considered appropriate. For patients in whom combination therapy with linagliptin and metformin is appropriate, it has the potential to reduce the pill burden at no additional cost.	Not included on the LJF because NHS Lothian decision is that the medicine does not represent sufficient added benefit to other comparator medicines to treat the condition in question which are already available in the formulary. The current LJF choice is sitagliptin.	May 2015
liraglutide 6mg/mL prefilled pen for injection (3mL) (Victoza®) *Novo Nordisk Ltd*. 07.12.09 *SMC Report No: 585/09*	Restricted Use: liraglutide (Victoza®) is accepted for restricted use within NHS Scotland. Licensed indication under review: Liraglutide for the treatment of adults with type 2 diabetes mellitus to achieve glycaemic control: - in combination with metformin or a sulphonylurea, in patients with insufficient glycaemic control despite maximal tolerated dose of monotherapy with metformin or sulphonylurea; - in combination with metformin and a sulphonylurea or metformin and a thiazolidinedione in patients with insufficient glycaemic control despite dual therapy. Five randomised controlled studies have demonstrated efficacy of liraglutide against relevant comparators in terms of the primary endpoint, change from baseline in glycated haemoglobin (HbA1c) after 26 weeks of treatment. Restriction: Liraglutide is restricted to use as a third-line antidiabetic agent. The economic case for second-line use, added to metformin in place of a sulphonylurea, has not been demonstrated.	Included on the LJF as first choice daily preparation, for the indication in question.	May 2016
liraglutide 6mg/mL prefilled pen for injection (3mL) (Victoza®) *Novo Nordisk* 11.05.15 *SMC Report No: 1044/15*	Accepted for use: liraglutide (Victoza®) is accepted for use within NHS Scotland for the treatment of adults with type 2 diabetes mellitus to achieve glycaemic control in combination with basal insulin when this, together with diet and exercise, does not provide adequate glycaemic control. The addition of liraglutide to basal insulin in combination with another anti-diabetic agent was associated with a significant reduction in HbA1c compared with placebo and an alternative insulin regimen. Liraglutide has previously been accepted for restricted use as a third line antidiabetic agent for use in combination with oral antidiabetic agents. This now extends the advice to include its use in combination with insulin.	Included on the LJF as first choice daily preparation, for the indication in question.	May 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**
liraglutide (Victoza®) 6 mg/ml solution for injection in pre-filled pen *Novo Nordisk Limited* 12.09.16 *SMC Report No. 1192/16* NON SUBMISSION	NOT RECOMMENDED: liraglutide (Victoza®) is not recommended for use within NHS Scotland as monotherapy for the treatment of adults with type 2 diabetes mellitus to achieve glycaemic control when diet and exercise alone do not provide adequate glycaemic control in patients for whom use of metformin is considered inappropriate due to intolerance or contraindications. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this setting. As a result we cannot recommend its use within NHSScotland.	NOT RECOMMENDED	
liraglutide (Saxenda®) 6mg/mL solution for injection in pre-filled pen *Novo Nordisk Limited* 08.05.17 *SMC Report No. 1247/17* NON SUBMISSION	As an adjunct to a reduced-calorie diet and increased physical activity for weight management in adult patients with an initial Body Mass Index of • ≥ 30kg/m² (obese), or • ≥ 27kg/m² to < 30kg/m² (overweight) in the presence of at least one weight-related comorbidity such as dysglycaemia (pre-diabetes or type 2 diabetes mellitus), hypertension, dyslipidaemia or obstructive sleep apnoea.	NOT RECOMMENDED	
lixisenatide 10microgram/0.2mL, 20microgram/0.2mL solution for injection in pre-filled disposable pen (Lyxumia®) *Sanofi* 09.09.13 *SMC Report No: 903/13*	Restricted use: lixisenatide (Lyxumia®) is accepted for restricted use within NHS Scotland for the treatment of adults with type 2 diabetes mellitus to achieve glycaemic control in combination with oral glucose-lowering medicinal products and/or basal insulin when these, together with diet and exercise, do not provide adequate glycaemic control. SMC restriction: to use in patients for whom a glucagon-like protein-1 (GLP-1) agonist is appropriate, as an alternative to existing GLP-1 agonists. Lixisenatide reduces glycosylated haemoglobin (HbA1c) and body weight compared with placebo when used in combination with oral antidiabetic drugs or in combination with basal insulin.	Not included on the LJF because clinicians do not support the formulary inclusion.	May 2016
mecasermin, 10mg/mL solution for injection (Increlex®) *Ipsen Limited* 07.09.09 *SMC Report No. 563/09*	Accepted for use: mecasermin (Increlex®) is accepted for use within NHS Scotland for the long-term treatment of growth failure in children and adolescents with severe primary insulin-like growth factor-1 deficiency (primary IGFD). Mecasermin significantly improved mean height velocity, mean height velocity standard deviation (SD) score and mean cumulative change in height SD score for at least 6 years. Serious adverse effects including hypoglycaemia and tonsillar hypertrophy are common and long-term safety data are lacking.	Added to the Additional List.	March 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**
metformin hydrochloride prolonged release 500mg tablets (Glucophage SR®) *Merck Pharmaceuticals* 12.10.09 *SMC Report No. 148/04* 2nd RESUBMISSION	Restricted use: metformin hydrochloride prolonged release tablets (Glucophage SR®) are accepted for restricted use for the treatment of type 2 diabetes mellitus in adults, particularly in overweight patients, when dietary management and exercise alone does not result in adequate glycaemic control. This new formulation appears to have similar short-term efficacy to immediate-release metformin. Evidence of improved gastrointestinal tolerability is not convincing and the prolonged-release formulation is more expensive than the immediate-release formulation. It is restricted to use in patients who are intolerant of immediate release metformin and in whom the prolonged release tablet allows the use of a dose of metformin not previously tolerated or in patients for whom a once-daily preparation offers a clinically significant benefit.	Added to the LJF as a prescribing note, for patients intolerant of metformin IR.	December 2009
metformin 500mg and 1000mg powder for oral solution (Glucophage®) *Merck Serono Limited* 12.04.10 *SMC Report No. 610/10* PRODUCT UPDATE (abbreviated submission)	Restricted use: metformin powder for oral solution (Glucophage®) is accepted for restricted use within NHS Scotland. Licensed indication under review: the treatment of type 2 diabetes mellitus, particularly in overweight patients, when dietary management and exercise alone does not result in adequate glycaemic control: • In adults, metformin may be used as monotherapy or in combination with other oral anti-diabetic agents or insulin; • In children, from 10 years of age and adolescents, metformin may be used as monotherapy or in combination with insulin. A reduction of diabetic complications has been shown in overweight type 2 diabetic adult patients treated with metformin as first-line therapy after diet failure. SMC restriction: Use is restricted to patients who are unable to swallow the solid dosage formulation. There is a price premium relative to metformin immediate release tablets but a saving compared to an existing formulation of metformin oral solution.	Added to the LJF as a prescribing note.	April 2010
micronised progesterone, 100mg, 200mg capsules (Utrogestan®) *Ferring Pharmaceuticals Ltd* 14.04.09 *SMC Report No. 542/09*	NOT RECOMMENDED: micronised progesterone (Utrogestan®) is not recommended for use within NHS Scotland for adjunctive use with oestrogen in post-menopausal women with an intact uterus (HRT). Micronised progesterone was as effective as another progestogen in protecting the endometrium from the hyperplastic changes associated with oestrogen therapy. However, the manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.	NOT RECOMMENDED	
oestradiol (Estradot®) range of transdermal patches *Novartis Pharmaceuticals UK Ltd* 09.08.04 *SMC Report No. 117/04* PRODUCT UPDATE (abbreviated submission)	Accepted for use: The Estradot® range of transdermal hormone replacement oestradiol patches is accepted for use in Scotland. In cases where transdermal administration is appropriate, its adhesive technology offers a small patch size at the lower end of the cost range for transdermal patches.	'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**
parathyroid hormone 100micrograms powder for injection (Preotact®) *Nycomed Ltd* *For women with severe osteoporosis and at least two prior vertebral fractures or equivalent high risk.* 12.03.07 *SMC Report No. 356/07*	Restricted use: parathyroid hormone (Preotact®) is accepted for restricted use within NHSScotland for women with severe osteoporosis and at least two prior vertebral fractures or equivalent high risk. It is restricted to initiation by specialists experienced in the treatment of osteoporosis following assessment of fracture risk including measurement of bone mineral density. Parathyroid hormone reduced risks of vertebral fracture compared to placebo. A significant reduction in the incidence of vertebral but not hip fractures has been demonstrated. It has comparable cost effectiveness to an alternative anabolic agent.	'Not preferred' in Lothian. A submission has not been made to FC regarding this product for this indication.	May 2009
pasireotide (Signifor®) 0.3mg, 0.6 mg and 0.9 mg solution for injection *Novartis Pharmaceuticals Limited* *Treatment of adult patients with Cushing's disease for whom surgery is not an option or for whom surgery has failed.* 08.10.12 *SMC Report No. 815/12* NON SUBMISSION	NOT RECOMMENDED: pasireotide (Signifor®) is not recommended for use within NHS Scotland for the treatment of adult patients with Cushing's disease for whom surgery is not an option or for whom surgery has failed. 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	
pioglitazone 15mg, 30mg, 45mg tablets (Actos®) *Takeda* 12.09.05 *SMC Report No. 115/04* RESUBMISSION	Restricted use: pioglitazone (Actos®) is accepted for restricted use within NHS Scotland as monotherapy for type 2 diabetes mellitus patients in whom consideration is otherwise being given to commencing insulin therapy. It is not recommended as monotherapy for any other group of patients. It is one of two peroxisome proliferator-activated receptor-γ agonists marketed in the UK for this indication. Its use should be restricted to patients who have already experienced severe hypoglycaemia or patients in whom metformin and sulphonylureas are contra-indicated or not tolerated.	Added to the Formulary as monotherapy for type 2 diabetes mellitus patients in whom consideration is otherwise being given to commencing insulin therapy. Its use should be restricted to patients who have already experienced severe hypoglycaemia or patients in whom metformin and sulphonylureas are contra-indicated or not tolerated.	November 2005
pioglitazone 15mg / metformin 850mg hydrochloride (Competact®) *Takeda UK Ltd* 11.09.06 *SMC Report No. 252/06* PRODUCT UPDATE (abbreviated submission)	Restricted use: pioglitazone 15mg/metformin 850mg hydrochloride (Competact®) is accepted for restricted use in NHSScotland for the treatment of type 2 diabetes mellitus. It should be used for overweight patients who are unable to achieve sufficient glycaemic control at their maximally tolerated doses of oral metformin alone. It is restricted to patients who cannot be treated with a sulphonylurea in combination with metformin. This combination product costs the same as equivalent doses of the individual constituent preparations and offers a more convenient, though less flexible, dosing regimen.	Added to the Additional List. Restricted to use in patients who cannot be treated with a sulphonylurea in combination with metformin in line with SMC recommendations. Combination products should only be considered for use when patients are established on individual drugs and there are concerns about compliance with treatment.	January 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**
pioglitazone 15mg, 30mg and 45mg tablets (Actos® triple therapy) *Takeda UK Ltd* 12.03.07 *SMC Report No. 354/07*	Restricted use: pioglitazone (Actos®), as triple therapy in combination with metformin and a sulphonylurea, is accepted for restricted use within NHS Scotland for the treatment of patients (particularly overweight patients) with insufficient glycaemic control despite dual oral therapy and where patients are unable or unwilling to take insulin. It should be initiated and monitored only by physicians experienced in the treatment of diabetes mellitus who will be able to identify and manage patients who might benefit.	Already included in the Formulary.	April 2008
pioglitazone, 15mg, 30mg and 45mg tablets (Actos®) *Takeda UK Ltd* 10.09.07 *SMC Report No. 399/07*	Accepted for use; pioglitazone (Actos®) is accepted for use within NHS Scotland in combination with insulin in type 2 diabetes mellitus patients with insufficient glycaemic control on insulin for whom metformin is inappropriate because of contraindications or intolerance. It improved glycaemic control when added to insulin in the relevant patient population.	Already included in the formulary	October 2007
rimonabant 20mg tablet (Acomplia®) *Sanofi-Aventis* 12.02.07 *SMC Report No. 341/07*	NOT RECOMMENDED: rimonabant (Acomplia®) is not recommended for use within NHS Scotland as an adjunct to diet and exercise for the treatment of obese patients (body mass index (BMI) =30kg/m^2), or overweight patients (BMI >27kg/m^2) with an associated risk factor or risk factors such as type 2 diabetes or dyslipidaemia. Rimonabant was associated with a reduction in mean weight of about 4-5kg over that with placebo. However, this weight was generally regained within one year of stopping treatment. The economic case has not been demonstrated. The licence holder has indicated their decision to resubmit.	NOT RECOMMENDED WITHDRAWN FROM THE MARKET	
risedronate sodium (Actonel®) *Proctor & Gamble, Aventis (Joint marketing)* 09.05.03 *SMC Report No. 46/03* PRODUCT UPDATE	Accepted for use: risedronate sodium (Actonel®) is a once weekly formulation which offers a convenient, cost neutral alternative to once daily medication for the prophylaxis and treatment of osteoporosis in post menopausal women.	Approved for use - added to the Formulary as first choice.	June 2004
risedronate sodium (Actonel®) *Procter & Gamble Pharmaceuticals UK Ltd* 10.12.07 *SMC Report No. 424/07* NON SUBMISSION	NOT RECOMMENDED: risedronate sodium (Actonel®) is not recommended for use within NHSScotland for the treatment of osteoporosis in men at high risk of fractures. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result 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**
rosiglitazone (Avandia®) *GlaxoSmithKline* 09.08.04 *SMC Report No.91/04* RESUBMISSION	Restricted use: rosiglitazone (Avandia®) is accepted for restricted use within NHS Scotland as monotherapy for type 2 diabetes mellitus patients in whom consideration is otherwise being given to commencing insulin therapy. It is not recommended as monotherapy for any other group of patients. It is one of two peroxisome proliferator-activated receptor-γ agonists recently marketed in the UK for this indication. Its use should be confined to patients who have already experienced severe hypoglycaemia or who are intolerant of metformin and sulphonylureas.	Already included in the Formulary	April 2008 WITHDRAWN FROM THE MARKET October 2010
rosiglitazone maleate (Avandia Triple Therapy®) *GlaxoSmithKline* 13.06.05 *SMC Report No. 181/05* PRODUCT UPDATE (abbreviated submission)	Restricted use: rosiglitazone (Avandia®) is accepted for restricted use in NHS Scotland as triple oral therapy in combination with metformin and a sulphonylurea in patients (particularly overweight patients) who are unable to achieve sufficient glycaemic control despite dual oral therapy and where patients are unable or unwilling to take insulin. It should be initiated and monitored only by physicians experienced in the treatment of diabetes mellitus who will be able to identify and manage patients who might benefit.	Added to the Formulary as a Prescribing Note.	April 2006 WITHDRAWN FROM THE MARKET October 2010
rosiglitazone maleate / metformin hydrochloride (Avandamet®) *GlaxoSmithKline* 13.12.04 *SMC Report No. 140/04* PRODUCT UPDATE (abbreviated submission)	Accepted for use: New formulation of existing combination. Rosiglitazone maleate/metformin hydrochloride (Avandamet®) in the undernoted formulations is accepted for use in NHSScotland for the treatment of Type 2 diabetes mellitus in patients for whom a combination of rosiglitazone and metformin is appropriate. The new formulations facilitate dosage adjustment and, at a given dose combination, are not associated with increased cost compared with existing formulations. As previously stated by SMC (February 2004), Avandamet® may be used for overweight patients who are unable to achieve sufficient glycaemic control at their maximally tolerated doses of oral metformin alone, and cannot be treated with a sulphonylurea in combination with metformin. Rosiglitazone maleate 2mg and metformin hydrochloride 1000mg Rosiglitazone maleate 4mg and metformin hydrochloride 1000mg	Added to the Additional List.	January 2007 WITHDRAWN FROM THE MARKET October 2010
rosiglitazone / metformin 2mg/500mg, 2mg/1g, 4mg/1g tablets (Avandamet®) *GlaxoSmithKline UK Pharma* 10.07.06 *SMC Report No. 281/06* PRODUCT UPDATE (abbreviated submission)	Restricted use: rosiglitazone / metformin tablet (Avandamet®) is accepted for restricted use within NHS Scotland in combination with a sulphonylurea as triple oral therapy in patients (particularly in overweight patients) who are unable to achieve sufficient glycaemic control despite dual oral therapy and where patients are unable or unwilling to take insulin. Triple therapy should be initiated and monitored only by physicians experienced in the treatment of diabetes mellitus who will be able to identify and manage patients who might benefit. The combination formulations are not associated with increased costs compared to equivalent combinations of single drug formulations.	New formulation of a drug already included in the Formulary. For stable patients already established on the individual components.	October 2007 WITHDRAWN FROM THE MARKET October 2010
rosiglitazone, metformin (Avandamet®) *GlaxoSmithKline UK Pharma* 08.03.04 *SMC Report No. 77/04* PRODUCT UPDATE (abbreviated submission)	Accepted for use: rosiglitazone, metformin (Avandamet®) is accepted for use within NHS Scotland for the treatment of type 2 diabetes mellitus. It is used for overweight patients who are unable to achieve sufficient glycaemic control at their maximally tolerated doses of oral metformin alone and cannot be treated with a sulphonylurea in combination with metformin. This combination product costs the same as equivalent doses of the individual constituent preparations and offers a more convenient dosing regimen, though less flexible.	Added to the Additional List.	January 2007 WITHDRAWN FROM THE MARKET October 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**
saxagliptin, 5mg film-coated tablet (Onglyza®) *Bristol-Myers Squibb Pharmaceuticals Ltd* 08.03.10 *SMC Report No. 603/10*	Restricted use: saxagliptin (Onglyza®) is accepted for restricted use within NHS Scotland in adult patients with type 2 diabetes mellitus as add-on combination therapy with metformin, when metformin alone, with diet and exercise, does not provide adequate glycaemic control. It is restricted to use in patients only when the addition of sulphonylureas is not appropriate, and represents an alternative to other agents such as thiazolidinediones. Efficacy, as assessed by measurement of HbA1c, is comparable to another dipeptidyl peptidase-4 inhibitor. It appears to have minimal effect on body weight. Saxagliptin is also licensed for use in combination with sulphonylureas or thiazolidinedione drugs for the treatment of type 2 diabetes. The manufacturer's submission related only to the use of saxagliptin in combination with metformin. SMC cannot recommend the use of saxagliptin in combination with sulphonylureas or thiazolidinediones.	Approved in principle for addition to the LJF as a prescribing note. Diabetes section to be reviewed by the Diabetes Working Group and exact place in therapy to be decided.	May 2010
saxagliptin, 2.5mg and 5mg, film-coated tablets (Onglyza®) *Bristol-Myers Squibb/AstraZeneca* 10.11.14 *SMC Report No. 772/12*	Accepted for use: saxagliptin (Onglyza®) is accepted for use within NHS Scotland in adult patients aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control as combination therapy with insulin (with or without metformin), when this regimen alone, with diet and exercise, does not provide adequate glycaemic control. A phase IIIb, randomised, double-blind, placebo-controlled, parallel-group study in adult patients with type 2 diabetes mellitus and inadequate glycaemic control on a stable dose of insulin showed that addition of saxagliptin 5mg daily was superior to placebo for the primary endpoint of change from baseline in HbA1c at 24 weeks. The manufacturer's submission related only to the use of saxagliptin in combination with insulin (with or without metformin). SMC cannot recommend the use of saxagliptin as monotherapy.	Not included on the LJF because clinicians do not support the formulary inclusion. The LJF choice is sitagliptin.	July 2015
saxagliptin 2.5mg and 5mg film-coated tablets (Onglyza®) *Bristol-Myers Squibb/AstraZeneca* 09.12.13 *SMC Report No. 918/13*	Restricted use: saxagliptin (Onglyza®) is accepted for restricted use within NHS Scotland in adult patients aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control as triple oral therapy in combination with metformin plus a sulphonylurea when this regimen alone, with diet and exercise, does not provide adequate glycaemic control. SMC restriction: as an alternative dipeptidyl peptidase-4 inhibitor option. Treatment with saxagliptin reduces glycosylated haemoglobin, HbA1c, levels significantly more than placebo when used in combination with metformin and a sulphonylurea. Indirect comparisons demonstrated similar efficacy to other dipeptidyl peptidase-4 inhibitors.	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. The current LJF choice is sitagliptin.	January 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**
saxagliptin (Onglyza®) 2.5mg & 5mg film-coated tablets *Bristol Myers Squibb / Astra Zeneca* 10.03.14 *SMC Report No. 958/14* NON SUBMISSION	NOT RECOMMENDED: saxagliptin (Onglyza®) is not recommended for use within NHS Scotland as monotherapy in adult patients aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control inadequately controlled by diet and exercise alone and for whom metformin is inappropriate due to contraindications or intolerance. 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	
saxagliptin plus metformin, 2.5mg/850mg and 2.5mg/1000mg tablets (Komboglyze®) *Bristol Myers Squibb / AstraZeneca* 10.06.13 *SMC Report No. 870/13* PRODUCT UPDATE (abbreviated submission)	Restricted use: saxagliptan plus metformin (Komboglyze®) is accepted for restricted use within NHS Scotland as adjunct to diet and exercise to improve glycaemic control in adult patients aged 18 years and older with type 2 diabetes mellitus inadequately controlled on their maximally tolerated dose of metformin alone or those already being treated with the combination of saxagliptin and metformin as separate tablets. SMC restriction: use in patients for whom a combination of saxagliptin and metformin is an appropriate choice of therapy and only when the addition of sulphonylureas to metformin monotherapy is not appropriate. Saxagliptin represents an alternative to other agents such as thiazolidinediones. Efficacy, as assessed by measurement of HbA1c, is comparable to another dipeptidyl peptidase-4 inhibitor. It appears to have minimal effect on body weight. Saxagliptin/metformin is also licensed for use in combination with insulin for the treatment of type 2 diabetes. The manufacturer's submission related only to the use of saxagliptin and metformin in combination therefore SMC cannot recommend the use of saxagliptin/metformin in combination with insulin.	Not included in the LJF because NHS Lothian decision is that the medicine does not represent sufficient added benefit to other comparator medicines to treat the condition in question. The current LJF choice is sitagliptin. Combination product of sitagliptin and metformin are included as a prescribing note.	June 2013
saxagliptin plus metformin, 2.5mg / 850mg and 2.5mg / 1000mg film-coated tablets (Komboglyze®) *Bristol-Myers Squibb / AstraZeneca* 13.01.14 *SMC Report No. 929/13* PRODUCT UPDATE (abbreviated submission)	Accepted for use: saxagliptin plus metformin (Komboglyze®) is accepted for use within NHS Scotland in combination with a sulphonylurea (i.e. triple combination therapy) as an adjunct to diet and exercise to improve glycaemic control in adult patients aged 18 years and older with type 2 diabetes mellitus when the maximally tolerated dose of both metformin and the sulphonylurea does not provide adequate glycaemic control. For patients in whom triple combination therapy with metformin, a sulphonylurea and saxagliptin is appropriate, saxagliptin/metformin has the potential to reduce the pill burden at a lower cost.	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. The current LJF choice is sitagliptin. Combination product of sitagliptin and metformin are included as a prescribing note.	January 2014
sitagliptin 100mg tablets (Januvia®) *Merck, Sharpe & Dohme Limited* 08.10.07 *SMC Report No. 408/07*	Restricted use: sitagliptin (Januvia®) is accepted for restricted use within NHS Scotland for treatment of patients with type 2 diabetes mellitus to improve glycaemic control in combination with metformin when diet and exercise, plus metformin, do not provide adequate glycaemic control. It should be restricted to use in patients only when the addition of sulphonylureas is not appropriate, and represents an alternative to other agents such as thiazolidinediones. Efficacy, as assessed by measurement of HbA1c, is similar to sulphonylurea and thiazolidinedione drugs added at this stage in therapy. It appears to have minimal effects on body weight.	Added to the LJF as a prescribing note as an alternative to thiazolidinediones in diabetic patients where thiazolidinediones are not tolerated or are contraindicated. To be initiated by clinicians (primary or secondary care) with a special interest in diabetes.	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**
sitagliptin, 100mg tablet (Januvia®) *Merck Sharp and Dohme Limited* 13.10.08 *SMC Report No. 505/08*	Accepted for use: sitagliptin (Januvia®) is accepted for use within NHS Scotland for patients with type 2 diabetes mellitus to improve glycaemic control in combination with a sulphonylurea when diet and exercise plus maximal tolerated dose of a sulphonylurea alone do not provide adequate glycaemic control and when metformin is inappropriate due to contraindications or intolerance; or in combination with a sulphonylurea and metformin when diet and exercise plus dual therapy with these agents do not provide adequate glycaemic control. When added to a sulphonylurea with or without metformin, sitagliptin had a modest beneficial effect on glycated haemoglobin (HbA1c) levels. Sitagliptin is also licensed for use in combination with thiazolidinedione drugs. The manufacturer's submission related only to the use of sitagliptin in combination with sulphonylureas with or without metformin. SMC cannot recommend the use of sitagliptin in combination with thiazolidinediones.	Added to the LJF as first choice gliptin for all SMC approved indications.	November 2010
sitagliptin, 100mg film-coated tablet (Januvia®) *Merck Sharp & Dohme Ltd* 12.07.10 *SMC Report No: 607/10*	Restricted use: sitagliptin (Januvia®) is accepted for restricted use within NHS Scotland. Licensed indaication under review: as monotherapy, to improve glycaemic control in patients with type 2 diabetes mellitus who are inadequately controlled by diet and exercise alone and for whom metformin is inappropriate due to contraindications or intolerance. SMC restriction: to patients for whom both metformin and sulphonylureas are inappropriate due to contraindications or intolerance. Sitagliptin met the pre-defined efficacy criterion for non-inferiority versus metformin in a study of treatment naïve patients. It appears to have minimal effect on body weight. The health economic case was demonstrated only for a sub-population of patients within the licensed indication. The licensed indication for sitagliptin has also recently been extended to include use in triple combination therapy with metformin plus thiazolidinediones and use as add-on therapy to insulin. The manufacturer's submission related only to the use of sitagliptin as monotherapy Therefore SMC cannot recommend the use of sitagliptin in combination with metformin plus thiazolidinediones or as add-on therapy to insulin.	Added to the LJF as first choice gliptin for all SMC approved indications.	November 2010
sitagliptin 50 mg and metformin hydrochloride 1000 mg tablets (Janumet® 50/1000) *Merck Sharp and Dohme Ltd* 10.05.10 *SMC Report No: 492/08* PRODUCT UPDATE (abbreviated submission)	Restricted use: sitagliptin 50 mg and metformin hydrochloride 1000 mg (Janumet® 50/1000): is accepted for restricted use within NHS Scotland. Licensed indication under review: as an adjunct to diet and exercise to improve glycaemic control in patients with type 2 diabetes mellitus inadequately controlled on their maximal tolerated dose of metformin alone, or those already being treated with the combination of sitagliptin and metformin. SMC restriction: restricted to use in patients for whom a combination of sitagliptin and metformin is an appropriate choice of therapy and only when the addition of sulphonylureas to metformin monotherapy is not appropriate. Sitagliptin represents an alternative to other agents such as thiazolidinediones. Efficacy of sitagliptin when added to metformin, as assessed by measurement of HbA1c, is similar to sulphonylurea and thiazolidinedione drugs added at this stage in therapy. It appears to have minimal effects on body weight.	Added to the LJF as a prescribing note.	May 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**
sitagliptin 50mg plus metformin hydrochloride 1000mg film-coated tablet (Janumet® 50/1000) *MSD Ltd* 09.08.10 *SMC Report No. 627/10* PRODUCT UPDATE (abbreviated submission)	Accepted for use: sitagliptin plus metformin (Janumet® 50/1000): is accepted for use within NHS Scotland. Licensed indication under review: In combination with a sulphonylurea (i.e., triple combination therapy) as an adjunct to diet and exercise in patients inadequately controlled on their maximal tolerated dose of metformin and a sulphonylurea. For patients in whom triple combination therapy with metformin, a sulphonylurea and sitagliptin is appropriate it has the potential to reduce the pill burden at no additional cost. When added to a sulphonylurea with metformin, sitagliptin has shown a modest effect on glycated haemoglobin (HbA1c) levels. Note that a lower dose of the sulphonylurea may be required to reduce the risk of hypoglycaemia. Sitagliptin/metformin is also licensed for use in triple combination therapy with a thiazolidinedione or as add-on to insulin. The manufacturer's submission related only to the use of sitagliptin/metformin in combination with a sulphonylurea, therefore SMC cannot recommend the use of sitagliptin/metformin in triple therapy with either a thiazolidinedione or insulin.	Added to the LJF as a prescribing note.	November 2010
sitagliptin, 25mg, 50mg and 100mg film-coated tablets (Januvia®) *Merck Sharpe and Dohme UK Ltd* 07.09.15 *SMC Report No. 1083/15*	Accepted: sitagliptin (Januvia®) is accepted for use within NHS Scotland. Indication under review: the treatment of type 2 diabetes mellitus to improve glycaemic control in adults as add-on to insulin (with or without metformin) when diet and exercise plus stable dose of insulin do not provide adequate glycaemic control. Sitagliptin, compared with placebo, improved glycaemic control in adults with type 2 diabetes mellitus who had inadequate glycaemic control on an insulin-containing regimen. SMC has previously accepted sitagliptin for use in combination with a sulfonylurea (with or without metformin), and for restricted use with metformin and as monotherapy. This now extends the advice to include its use in combination with insulin.	Not included, pending protocol.	October 2015
somatropin (Genotropin®) injection *Pfizer Limited* 13.03.06 *SMC Report No. 240/06* PRODUCT UPDATE (abbreviated submission)	Restricted use: somatropin (Genotropin®) injection is accepted for restricted use within NHS Scotland for the treatment of growth disturbance (current height Standard Deviation Score (SDS) <-2.5 and parental adjusted height SDS <-1) in short children born small for gestational age (SGA), with a birth weight and/or length below -2 Standard Deviations, who failed to show catch-up growth (height velocity SDS < 0 during the last year) by 4 years of age or later. Treatment should be initiated and monitored by a paediatrician with expertise in managing childhood growth disorders and growth hormone therapy.	Added to the LJF for Children as first choice - to be initiated by Specialists only. Genotropin® is one of the branded preparations of somatropin already included in the LJF for Children and a shared care protocol is currently in place.	May 2006

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**
somatropin (Norditropin SimpleXx®) *Novo Nordisk* 12.06.06 *SMC Report No. 260/06* PRODUCT UPDATE (abbreviated submission).	Restricted use: somatropin (Norditropin SimpleXx®) injection is accepted for restricted use within NHS Scotland for the treatment of growth disturbance (current height standard deviation score (SDS) <-2.5 and parental adjusted height SDS <-1) in short children born small for gestational age (SGA), with a birth weight and/or length below -2 standard deviations, who failed to show catch-up growth (height velocity SDS < 0 during the last year) by 4 years of age or later. Treatment should be initiated and monitored by a paediatrician with expertise in managing childhood growth disorders and growth hormone therapy.	Extension to licence of a drug already included in the Formulary.	
somatropin for injection, 5mg/mL vial of powder and solvent for solution for subcutaneous injection and 3.3mg/mL and 6.7mg/mL penfill cartridge of solution for subcutaneous injection (Omnitrope®) *Sandoz Ltd* 08.02.10 *SMC Report No. 598/10*	Accepted for use: somatropin (Omnitrope®) is accepted for use within NHS Scotland for: Infants, children and adolescents -Growth disturbance due to insufficient secretion of growth hormone (GH) -Growth disturbance associated with Turner syndrome -Growth disturbance associated with chronic renal insufficiency -Growth disturbance (current height standard deviation score (SDS) <–2.5 and parental adjusted SDS <–1) in short children/adolescents born small for gestational age, with a birth weight and/or length below -2 standard deviation (SD), who failed to show catch-up growth (height velocity SDS <0 during the last year) by four years of age or later -Prader-Willi syndrome (PWS) disturbance due to insufficient secretion of growth hormone, for improvement of growth and body composition. The diagnosis of PWS should be confirmed by appropriate genetic testing. Adults -Replacement therapy in adults with pronounced GH deficiency. Patients with severe GH deficiency in adulthood are defined as patients with known hypothalamic-pituitary pathology and at least one known deficiency of a pituitary hormone not being prolactin. These patients should undergo a single dynamic test in order to diagnose or exclude a GH deficiency. In patients with childhood onset isolated GH deficiency (no evidence of hypothalamic –pituitary disease or cranial irradiation), two dynamic tests should be recommended, except for those who have low insulin-like growth factor 1 (IGF-1) concentrations (SDS <-2), who may be considered for one test. The cut-off point of the dynamic test should be strict. Somatropin (Omnitrope®) is a biosimilar product and has demonstrated equivalency in terms of efficacy and safety to a reference recombinant human growth hormone (somatropin (Genotropin®)). The British National Formulary advises that it is good practice to use the brand name when prescribing biological medicinal products.	Added to the Additional List	July 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**
somatropin 5.83mg/ml and 8mg/ml solution for injection (Saizen®) *Merck Serono Ltd* 07.11.11 *SMC Report No. 737/11* PRODUCT UPDATE (abbreviated submission)	Accepted for use: somatropin solution for injection (Saizen®) is accepted for use in NHS Scotland. Children and adolescents: - Growth failure in children caused by decreased or absent secretion of endogenous growth hormone. - Growth failure in girls with gonadal dysgenesis (Turner Syndrome), confirmed by chromosomal analysis. - Growth failure in prepubertal children due to chronic renal failure (CRF). - Growth disturbance (current height SDS <-2.5 and parental adjusted height SDS <-1) in short children born small for gestational age (SGA) with a birth weight and/or length below -2 SD, who failed to show catch-up growth (HV SDS <0 during the last year) by 4 years of age or later. Adults: - Replacement therapy in adults with pronounced growth hormone deficiency as diagnosed by a single dynamic test for growth hormone deficiency. Patients must also fulfil the following criteria: - Childhood Onset: Patients who were diagnosed as growth hormone deficient during childhood, must be retested and their growth hormone deficiency confirmed before replacement therapy with Saizen is started. - Adult Onset: Patients must have growth hormone deficiency as a result of hypothalamic or pituitary disease and at least one other hormone deficiency diagnosed (except for prolactin) and adequate replacement therapy instituted, before replacement therapy using growth hormone may begin. This new formulation has been shown to be bioequivalent to the previously available freeze-dried formulation and is available at an equivalent cost. It is in a ready to use cartridge and does not require reconstitution.	Added to the Additional List	March 2012
strontium ranelate 2g granules for oral suspension (Protelos®) *Servier laboratories Limited* 05.08.05 *SMC Report No. 178/05*	Restricted use: strontium ranelate (Protelos®) is accepted for restricted use within NHS Scotland for the treatment of postmenopausal osteoporosis to reduce the risk of vertebral and hip fractures when bisphosphonates are contra-indicated or not tolerated and then only in women aged over 75 with a previous fracture and T-score < -2.4 or other women at equivalent high risk. In the trial population of postmenopausal women, strontium ranelate reduced the risk of developing a vertebral fracture by 41%. In women ≥ 74 years with a femoral neck Bone Mineral Density (BMD) T-score < -2.4 the risk of hip fractures was reduced by 36%. However equivalent cost effectiveness to bisphosphonate therapy has not been demonstrated.	Added to the Formulary as second choice in combination with Adcal-D_3® for the treatment of postmenopausal osteoporosis for women intolerant of bisphosphonates or where there are contraindications, e.g. oesophageal stricture.	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**
strontium ranelate (Protelos®) 2g granules for oral suspension *Servier Laboratories Limited* 08.10.12 *SMC Report No. 816/12* NON SUBMISSION	NOT RECOMMENDED: strontium ranelate (Protelos®) is not recommended for use within NHS Scotland for the treatment of osteoporosis in men at increased risk of fracture. 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	
teriparatide (Forsteo®) *Eli Lilly* 08.12.03 *SMC Report No. 71/03*	Restricted use: teriparatide (Forsteo®) is accepted for restricted use within NHS Scotland for the treatment of established (severe) osteoporosis in post-menopausal women. This medicine should be restricted to initiation by specialists experienced in the treatment of osteoporosis following assessment of fracture risk including measurement of BMD. It is the first product to be licensed specifically for established (severe) post-menopausal osteoporosis. It has shown efficacy in reducing vertebral and non-vertebral fractures in post-menopausal women with prior vertebral fractures, particularly in a sub-group with documented severe osteoporosis. At the recommended daily dose it is expensive but appears to be cost-effective in women with proven osteoporosis who have developed fractures.	Added to the Formulary. For use when there has been an inadequate response to bisphosphonates. Use by designated Specialists only.	May 2004
teriparatide, 750 micrograms/3ml solution for injection prefilled pen (Forsteo®) *Eli Lilly and Company Limited* 11.08.08 *SMC Report No. 490/08*	NOT RECOMMENDED: teriparatide (Forsteo®) is not recommended for use within NHS Scotland for the treatment of osteoporosis in men at increased risk of fracture. Teriparatide was associated with a greater increase in lumbar spine bone mineral density than placebo. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.	NOT RECOMMENDED	
teriparatide 20 micrograms/80 microlitres, solution for injection, in prefilled pen (Forsteo) *Eli Lilly and Company Limited* 09.06.08 *SMC Report No. 487/08* NON SUBMISSION	NOT RECOMMENDED: Teriparatide (Forsteo) is not recommended for the treatment of osteoporosis associated with sustained systemic glucocorticoid therapy in women and men at increased risk for fracture. 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	
testosterone undecanoate, 1000mg/4ml oily solution for injection (Nebido®) *Bayer Schering Pharma* 09.03.09 *SMC Report No. 308/06*	Accepted for use: testosterone undecanoate (Nebido®) is accepted for use within NHS Scotland as testosterone replacement therapy for male hypogonadism when testosterone deficiency has been confirmed by clinical features and biochemical tests. Compared with alternative intramuscular preparations it offers the advantage of reduced frequency of dosing with less inter-dose fluctuation of testosterone levels.	Added to the Formulary.	December 2009

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**
testosterone gel (Testogel®) *Schering Healthcare Ltd* 08.12.03 *SMC Report No. 83/03*	Restricted use: testosterone (Testogel®), replacement therapy for adult male hypogonadism is accepted for restricted use within NHS Scotland. It offers an alternative to testosterone patches for those patients requiring a transdermal delivery system. Testosterone gel is at least as effective as testosterone patches and costs less, so is a cost effective transdermal treatment for this condition.	Added to the Formulary as a second choice treatment, replacing testosterone patches.	August 2004
testosterone 2% gel (Tostran®) *ProStrakan* 11.06.07 *SMC Report No. 372/07*	Restricted use: testosterone 2% gel (Tostran®) is accepted for restricted use within NHS Scotland for replacement therapy with testosterone for male hypogonadism when testosterone deficiency has been confirmed by clinical symptoms and laboratory analyses. It is an alternative to other formulations of testosterone gel, with similar costs for equivalent doses. It is restricted to use as an alternative to testosterone patches for those patients requiring a transdermal delivery system. Testosterone gel is at least as effective as testosterone patches and costs less.	New formulation of a drug already included in the Formulary.	April 2008
testosterone 30mg mucoadhesive buccal (prolonged release) tablets (Striant®) *Ardana Bioscience* 08.11.04 *SMC Report No. 128/04*	Restricted use: testosterone as mucoadhesive buccal tablet 30mg (Striant SR®) is accepted for restricted use within NHS Scotland as testosterone replacement therapy in men with primary or secondary hypogonadism. It offers an alternative to other routes, including transdermal application by patches or gel, for patients who would particularly benefit from this mode of administration where intramuscular treatment is not suitable.	Added to the Additional List.	August 2005
testosterone 50mg/5g gel (Testim®) *Ispen Ltd* 10.07.06 *SMC Report No. 284/06* PRODUCT UPDATE (abbreviated submission)	Restricted use: testosterone gel (Testim®) is accepted for restricted use within NHS Scotland as replacement therapy for adult male hypogonadism when testosterone deficiency has been confirmed by clinical features and biochemical tests. It is an alternative to another formulation of testosterone gel, of the same strength and cost, and is restricted to use as an alternative to testosterone gel patches for those patients requiring a transdermal delivery system. Testosterone is at least as effective as testosterone patches and costs less.	New formulation of a drug already included in the Formulary.	October 2007
testosterone 300micrograms/24 hours transdermal patch (Intrinsa®) *Procter and Gamble Pharmaceuticals UK Ltd* 10.09.07 *SMC Report No. 398/07*	NOT RECOMMENDED: testosterone transdermal patch (Intrinsa®) is not recommended for use within NHS Scotland for the treatment of hypoactive sexual desire disorder (HSDD) in bilaterally oophorectomised and hysterectomised (surgically induced menopause) women receiving concomitant oestrogen therapy. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.	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**
thiazolidinediones & insulin	Diabetes 	Rosiglitazone and pioglitazone are contra-indicated in combination with insulin due to the risk of heart failure and/or oedema. In rare circumstances, where this combination is to be used, both should be prescribed in secondary care by a diabetologist. They have been categorised **RED** under the ADTC 'Policy for the use of unlicensed (and off-label use) Medicines in NHS Lothian'.	April 2005
tolvaptan 15mg tablet (Samsca®) *Otsuka UK* 18.01.10 *SMC Report No. 605/10* NON SUBMISSION	NOT RECOMMENDED: tolvaptan (Samsca®) is not recommended for use within NHSScotland for the treatment of adult patients with hyponatraemia secondary to syndrome of inappropriate antidiuretic hormone secretion (SIADH). 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	
tolvaptan 15mg, 30mg, 45mg, 60mg and 90mg tablets (Jinarc®) *Otsuka Pharmaceuticals (UK) Ltd* 11.01.16 *SMC Report No.1114/15* Patient Access Scheme	Accepted: tolvaptan (Jinarc®) is accepted for use within NHS Scotland. Indication under review: to slow the progression of cyst development and renal insufficiency of autosomal dominant polycystic kidney disease (ADPKD) in adults with chronic kidney disease stage 1 to 3 at initiation of treatment with evidence of rapidly progressing disease. In a phase III placebo-controlled study tolvaptan, after 3 years, had significantly slowed the rate of disease progression as measured by impact on the rate of increase in total kidney volume (TKV) in ADPKD patients who were deemed to be at high risk of disease progression and had relatively preserved renal function. The study inclusion criteria included (list not exhaustive): age 18 to 50 years old, TKV ≥750ml and creatinine clearance ≥60ml/minute. This advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of tolvaptan. This advice is contingent upon the continuing availability of the patient access scheme or a list price that is equivalent or lower. This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting.	Inclded on the additional list, Specialist use only, for the indication in question.	March 2016
triptorelin 3.75mg depot injection (Gonapeptyl Depot®) *Ferring Pharmaceuticals* 09.05.05 *SMC Report No. 160/05*	Accepted for use: triptorelin (Gonapeptyl Depot®) is accepted for use within NHS Scotland for the treatment of confirmed central precocious puberty in girls under nine years and boys under ten years.	Added to the LJF for Children as second choice drug.	May 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**
triptorelin 11.25mg vial for injection (Decapeptyl SR®) *Ipsen Ltd* 11.12.06 *SMC Report No. 331/06* PRODUCT UPDATE (abbreviated submission)	Accepted for use: triptorelin 11.25mg vial for injection (Decapeptyl SR®) is accepted for use in NHS Scotland for the treatment of precocious puberty (onset before 8 years in girls and 9 years in boys). For patients for whom this drug is appropriate, it is associated with an increased dose interval (3 months vs. 1 month) and reduced costs compared to an existing pre-filled syringe formulation of triptorelin.	New formulation of a drug already included in the Formulary.	October 2007
triptorelin pamoate (Salvacyl®) 11.25mg powder and solvent for suspension for injection *Ipsen Ltd* 11.06.12 *SMC Report No. 796/12* NON SUBMISSION	NOT RECOMMENDED: triptorelin pamoate (Salvacyl®) is not recommended for use within NHS Scotland as reversible reduction of testosterone to castrate levels in order to decrease sexual drive in adult men with severe sexual deviations. 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	
vildagliptin 50mg tablets (Galvus®) *Novartis* 07.04.08 *SMC Report No. 435/07*	Restricted use: vildagliptin (Galvus®) is accepted for restricted use within NHS Scotland for the treatment of type 2 diabetes mellitus as dual oral therapy in combination with metformin, in patients with insufficient glycaemic control despite maximal tolerated dose of monotherapy with metformin. It is restricted to use in patients only when the addition of sulphonylureas is not appropriate, and represents an alternative to other agents such as thiazolidinediones. Efficacy, as assessed by measurement of glycated haemoglobin (HbA1c), is similar to thiazolidinedione drugs added at this stage in therapy. It appears to have minimal effect on body weight. Vildagliptin is also licensed for use in combination with sulphonylureas or thiazolidinedione drugs for the treatment of type 2 diabetes. The manufacturer's submission related only to the use of vildagliptin in combination with metformin. SMC cannot recommend the use of vildagliptin in combination with these agents.	Added to Formulary as a prescribing note. 'Not preferred' as a suitable alternative exists.	June 2008 November 2010
vildagliptin 50mg tablets (Galvus®) *Novartis* 12.10.09 *SMC Report No. 571/09*	Accepted for use: vildagliptin (Galvus®) is accepted for use within NHS Scotland for the treatment of type 2 diabetes mellitus as dual oral therapy in combination with a sulphonylurea, in patients with insufficient glycaemic control despite maximal tolerated dose of a sulphonylurea or for whom metformin is inappropriate due to contraindications or intolerance. When added to a sulphonylurea, vildagliptin had a modest beneficial effect on glycated haemoglobin (HbA1C). Vildagliptin is also licensed for use in combination with metformin or thiazolidinedione drugs for the treatment of type 2 diabetes. SMC has already issued advice on use in combination with metformin. As this submission from the manufacturer related only to the use of vildagliptin in combination with a sulphonylurea, SMC cannot recommend the use of vildagliptin in combination with thiazolidinedione drugs.	'Not preferred' as a suitable alternative exists.	November 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**
vildagliptin 50mg / metformin hydrochloride 850mg film coated tablets and vildagliptin 50mg / metformin hydrochloride 1000mg film coated tablets (Eucreas® 50mg/850mg and 50mg/1000mg) *Novartis Pharmaceuticals UK Limited* 07.07.08 *SMC Report No 477/08* ABBREVIATED SUBMISSION	Restricted use: vildagliptin 50mg/metformin hydrochloride 850mg film coated tablets and vildagliptin 50mg/metformin hydrochloride 1000mg film coated tablets (EucreasÒ 50mg/850mg and 50mg/1000mg) are accepted for restricted use within NHS Scotland for the treatment of type 2 diabetes mellitus patients who are unable to achieve sufficient glycaemic control at their maximally tolerated dose of oral metformin alone or who are already treated with the combination of vildagliptin and metformin as separate tablets. The addition of vildagliptin to metformin is restricted to use in patients only when the addition of sulphonylureas is not appropriate, and represents an alternative to other agents such as thiazolidinediones. Efficacy, as assessed by measurement of glycated haemoglobin (HbA1c), is similar to thiazolidinedione drugs added at this stage in therapy. It appears to have minimal effect on body weight.	Added to Formulary as a prescribing note. 'Not preferred' as a suitable alternative exists.	July 2008 November 2010
vildagliptin 50mg tablets (Galvus®) *Novartis* 14.01.13 *SMC Report No 826/12*	Restricted use: vildagliptin (Galvus®) is accepted for restricted use within NHS Scotland for the treatment of type 2 diabetes mellitus in adults as monotherapy in patients inadequately controlled by diet and exercise alone and for whom metformin is inappropriate due to contraindications or intolerance. SMC restriction: for use in patients for whom both metformin and sulphonylureas are inappropriate due to contraindications or intolerance. In two comparator controlled studies the non-inferiority of vildagliptin to first-line oral anti-diabetic agents was not shown. A network meta-analysis demonstrated similar reductions in HbA1c at 24 weeks for vildagliptin versus another dipeptidyl peptidase 4 (DPP-4) inhibitor.	Not included on the LJF because NHS Lothian decision is that the medicine does not represent sufficient added benefit to other comparator medicines to treat the condition in question which are already available in the formulary. LJF choice is sitagliptin.	March 2013
vildagliptin 50mg tablets (Galvus®) *Novartis Europharm Limited* 09.12.13 *SMC Report No. 875/13*	Restricted use: vildagliptin (Galvus®) is accepted for restricted use within NHS Scotland for the treatment of type 2 diabetes mellitus in adults as triple oral therapy in combination with a sulphonylurea and metformin when diet and exercise plus dual therapy with these medicinal products do not provide adequate glycaemic control. SMC restriction: as an alternative dipeptidyl peptidase-4 inhibitor option. Treatment with vildagliptin reduces HbA1c levels significantly more than placebo when used in combination with metformin and a sulphonylurea. A Bayesian network meta-analysis suggested similar efficacy to another dipeptidyl peptidase-4 inhibitor.	Not included on the LJF because clinicians do not support the formulary inclusion. The LJF choice is sitagliptin.	July 2015
vildagliptin/metformin hydrochloride (Eucreas®) 50mg/850mg and 50mg/1000mg film-coated tablets *Novartis Pharmaceuticals UK Ltd* 13.05.13 *SMC Report No. 874/13* NON SUBMISSION	NOT RECOMMENDED: vildagliptin/metformin hydrochloride (Eucreas®) is not recommended for use within NHS Scotland for the treatment of type 2 diabetes mellitus: • in combination with a sulphonylurea (i.e. triple combination therapy) as an adjunct to diet and exercise in patients inadequately controlled with metformin and a sulphonylurea • in triple combination therapy with insulin as an adjunct to diet and exercise to improve glycaemic control in patients when insulin at a stable dose and metformin alone do not provide adequate glycaemic control The holder of the marketing authorisation has not made a submission to SMC regarding this product in these indications. 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**
zoledronic acid 5mg/100ml solution for infusion (Aclasta®) *Novartis* 09.10.06 *SMC Report No. 317/06*	Accepted for use: zoledronic acid 5mg (Aclasta®) is accepted for use within NHS Scotland for the treatment of Paget's disease of bone in patients for whom the use of a bisphosphonate is appropriate. Zoledronic acid infusion resulted in similar levels of pain relief but greater and more sustained reduction of serum alkaline phosphatase (a marker of bone turnover) than one course of an oral bisphosphonate.	Added to the Additional List, for Specialist Use only.	October 2006
zoledronic acid, 5 mg solution for infusion (Aclasta®) *Novartis Pharmaceuticals UK Limited* 10.03.08 *SMC Report No. 447/08*	Restricted use: zoledronic acid 5mg solution for infusion (Aclasta®) is accepted for restricted use within NHS Scotland for treatment of osteoporosis in post-menopausal women at increased risk of fractures. Intravenous zoledronic acid is restricted to use in patients who are unsuitable for or unable to tolerate oral treatment options for osteoporosis. Treatment initiation should be under specialist supervision. This preparation is licensed for administration once a year and has been shown to reduce the incidence of vertebral and hip fractures over 3 years compared with placebo.	Added to the Formulary as prescribing note – specialist use only	June 2008
zoledronic acid 5mg/100ml solution for infusion (Aclasta®) *Novartis Pharmaceuticals UK Ltd* 12.01.09 *SMC Report No. 535/08* NON SUBMISSION	NOT RECOMMENDED: zoledronic acid 5mg (Aclasta®) is not recommended for use within NHS Scotland for the treatment of osteoporosis in men at increased risk of fracture, including those with a recent low-trauma hip fracture. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHS Scotland.	NOT RECOMMENDED	