THE SMC AND THE NHSGGC FORMULARY

Advice from the SMC directs many of the decisions about Formulary inclusion for new drugs. Drugs that have not been accepted for use by SMC automatically become non-Formulary. Procedures are in place in both primary and secondary care for monitoring of SMC non-approved drugs and high profile non-Formulary drugs. Some of the current high profile items are listed below along with suggestions for Formulary alternatives. If just half of the usage of these SMC non-approved products had been switched to the suggested Formulary alternatives, savings of around £400,000 could have been made in the last year.

Please note the following are also ‘not recommended’ by SMC and should only be prescribed, or recommended for prescribing, under exceptional circumstances; buprenorphine (BuTrans®, Transtec®) patches, diclofenac (Voltarol® Gel) patches, estradiol and drospirenone (Angeliq®), macrogol 4000 (Idrolax®), memantine (Ebixa®), nicotinic acid MR (Niaspan®) and rimonabant (Acomplia®).

Prescribing of non-SMC approved drugs NHSGGC
April 2006–March 2007

Thinking of prescribing this non-Formulary drug?

Pregabalin (Lyrica®) for neuropathic pain, SMC ‘not recommended’: comparative clinical and cost effectiveness were not demonstrated. SMC stated that further controlled data are needed to establish its place in therapy in patients refractory to, or intolerant of, other pharmacological treatments. It is acknowledged that some use is for epilepsy (accepted by SMC).

Why not try one of the Formulary options?

Amitriptyline (unlicensed) Carbamazepine Gabapentin

Drospirenone plus ethinylestroadiol (Yasmin®) for contraception, SMC ‘not recommended’: substantially more expensive than competitor products and provides little additional benefit for this extra cost.

£ Additional £46/patient/year against an average of Formulary choices.

Tramadol plus paracetamol (Tramacet®) for moderate to severe pain, SMC ‘not recommended’: appears to have similar efficacy to some other combination analgesics.

£ Additional £239/patient/year on average against components (not equivalent strengths).

£ Additional £248/patient/year on average against co-codamol 30/500.

Metformin (Glucophage SR®) for type-2 diabetes, SMC ‘not recommended’: evidence of improved gastrointestinal tolerability is not convincing and it is more expensive than the immediate-release formulation.

£ Additional £61/patient/year on average against standard release tablets.

Ezetimibe / simvastatin (Inegy®) for lipid lowering, SMC accepted for restricted use: for patients who have failed to achieve target cholesterol levels after optimisation of statin therapy and where these two drugs were appropriate. However, this decision was at a time when the cost of Inegy® was similar to the individual components; this is no longer the case due to Drug Tariff price changes.

Inegy is non-Formulary as the local guideline group did not see a place for this treatment. The preferred treatment pathway in NHSGGC after failure of simvastatin 40mg is to move to atorvastatin, a more potent option, and increase the dose appropriately. If cholesterol levels are still high at the maximum licensed or tolerated dose, ezetimibe may be added.

£ Additional £121/patient/year against components.

£ Additional £140/patient/year against atorvastatin 40mg.

For all article references, check our website
http://www.ggcformulary.scot.nhs.uk
### Alphabetical list of most recent ADTC decisions

For full details of SMC advice, visit [www.scottishmedicines.org](http://www.scottishmedicines.org) For NICE advice, visit [www.nice.org.uk](http://www.nice.org.uk) For previous ADTC decisions, visit [www.ggcfomulary.scot.nhs.uk](http://www.ggcfomulary.scot.nhs.uk)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Indication under consideration (There may be other licensed indications)</th>
<th>Glasgow decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bemiparin (Zibor®)</td>
<td>Established deep vein thrombosis, with or without pulmonary embolism, during the acute phase.</td>
<td>Non-Formulary.</td>
</tr>
<tr>
<td>Bortezomib (Velcade®)</td>
<td>Monotherapy for progressive multiple myeloma in patients who have received at least one prior therapy and who have already undergone, or are unsuitable for, bone marrow transplantation.</td>
<td>Non-Formulary for this indication.</td>
</tr>
<tr>
<td>Clopidogrel (Plavix®)</td>
<td>ST segment elevation acute myocardial infarction, in combination with aspirin, in medically treated patients eligible for thrombolytic therapy.</td>
<td>Formulary (Preferred List). Acknowledge new indication. Restricted for specialist initiation in combination with aspirin post ST segment elevation acute myocardial infarction (STEMI) with continuation for 4 weeks.</td>
</tr>
<tr>
<td>Exenatide (Byetta®)</td>
<td>Type 2 diabetes mellitus in combination with metformin and/or sulphonylureas.</td>
<td>Formulary (Total Formulary). Restricted to specialist initiation 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.</td>
</tr>
<tr>
<td>Ibritumomab tiuxetan (Zevalin®)</td>
<td>Treatment of adult patients with rituximab relapsed or refractory CD20+ B-cell non-Hodgkin’s lymphoma following the incorporation of Yttrium 90.</td>
<td>Non-Formulary.</td>
</tr>
<tr>
<td>Idursulfase (Elaprase®)</td>
<td>Long-term treatment of patients with Hunter syndrome (Mucopolysaccharidosis II, MPS II).</td>
<td>Non-Formulary.</td>
</tr>
<tr>
<td>Imiquimod (Aldara®)</td>
<td>Topical treatment of clinically typical, nonhyperkeratotic, nonhypertrophic actinic keratoses on the face or scalp in immunocompetent adult patients when size or number of lesions limit the efficacy and/or acceptability of cryotherapy and other topical treatment options are contraindicated or less appropriate.</td>
<td>Non-Formulary for this indication.</td>
</tr>
<tr>
<td>Insulin detemir</td>
<td>Diabetes mellitus (in patients for whom insulin detemir is an appropriate choice of insulin and who have poor visual acuity and dexterity problems).</td>
<td>Formulary (Total Formulary). Acknowledge new formulation. Restricted to initiation by consultant diabetologists in patients with severe frequent nocturnal hypoglycaemia. Not for routine use in type 2 diabetes unless patients suffers from recurrent episodes of hypoglycaemia.</td>
</tr>
<tr>
<td>Liposomal cytarabine (DepoCyte®)</td>
<td></td>
<td></td>
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<tr>
<td>Methylphenidate (Medikinet XL®)</td>
<td>Attention Deficit Hyperactivity Order (ADHD) in children over six years of age.</td>
<td>Formulary (Total Formulary). Acknowledge new formulation. Restricted to initiation by a specialist in childhood behaviour disorders. Second line to standard release tablets and used for patients requiring methylphenidate in the morning and afternoon when administration of midday dose is problematic or inappropriate.</td>
</tr>
<tr>
<td>Montelukast (Singulair Paediatric®)</td>
<td>An alternative to low-dose inhaled corticosteroids for children aged 2 to 14 years with mild persistent asthma who do not have a recent history of serious asthma attacks that required oral corticosteroid use, and who have demonstrated that they are not capable of using inhaled corticosteroids.</td>
<td>Formulary (Preferred List). Acknowledge new indication. Restricted to initiation by specialists in paediatric asthma care.</td>
</tr>
<tr>
<td>Nebivolol (Nebitel®)</td>
<td>Stable mild and moderate chronic heart failure in addition to standard therapies in elderly patients &gt;70 years.</td>
<td>Non-Formulary.</td>
</tr>
<tr>
<td>Pregabalin (Lyrica®)</td>
<td>Central neuropathic pain in adults.</td>
<td>Non-Formulary for this indication.</td>
</tr>
<tr>
<td>Rotigotine (Neupro®)</td>
<td>Signs and symptoms of early-stage idiopathic Parkinson’s disease as monotherapy.</td>
<td>Formulary (Total Formulary). Restricted to specialist initiation for patient where the transdermal route would facilitate treatment.</td>
</tr>
<tr>
<td>Sunitinib (Sutent®)</td>
<td>Advanced and/or metastatic renal cell carcinoma.</td>
<td>Non-Formulary.</td>
</tr>
<tr>
<td>Trastuzumab (Herceptin®)</td>
<td>Metastatic breast cancer in combination with an aromatase inhibitor.</td>
<td>Non-Formulary for this indication.</td>
</tr>
<tr>
<td>Triptorelin (Decapeptyl® SR)</td>
<td>Endometriosis (ADTC appeal).</td>
<td>Formulary (Total Formulary).</td>
</tr>
</tbody>
</table>

- △ = Formulary
- ● = Formulary (restricted)
- x = non-Formulary
- ? = awaiting final decision
Non-Formulary prescribing policy

The Prescribing Management Group has recently approved a non-Formulary (NF) prescribing policy for employed staff in all directly provided NHSGGC services. A complementary policy will apply to prescribing by independent contractors in primary care. The policy will apply to all patients, whether NHSGGC residents or referred for treatment from a neighbouring NHS Board. The intention is to ensure a fair and consistent approach across NHSGGC.

NHSGGC has a robust and well-established Formulary management system. An evidence-based review process is conducted at national and local level to influence prescribing recommendations. Medicines successfully passing through this process are included in the ‘Preferred List’ or ‘Total Formulary’. These are intended to cover the vast majority of patient requirements, providing clinicians with a wide range of cost-effective prescribing options. Where circumstances dictate that a medicine should only be prescribed on a limited basis, the Formulary will specify these restrictions.

Policy statement
Prescribing from the Formulary is consistent with good clinical practice. The need for NF prescribing is recognised, but it is expected that:
- formal treatment guidelines/protocols will exclude NF drugs;
- NF status will apply to new medicines until accepted by the SMC and the ADTC;
- NF prescribing will be necessary and approved only in exceptional circumstances where such NF prescribing is in the best interests of an individual patient.

Monitoring and review
- Each directorate or partnership will have a clear process to review NF requests and will be responsible for ensuring its implementation and monitoring. Requests will only be approved where there is a clear and overriding clinical case that Formulary prescribing is not possible.
- Each directorate should develop systems to monitor and review NF prescribing, which will engage with the individual prescriber and will identify any emerging patterns of use at service or directorate level.
- Such processes are under development. More information will be provided in due course within directorates and partnerships.

Webwatch: Keeping up to date with medical news

NeLM (National Electronic Library for Medicines)
NeLM (formerly Druginfozone) is a medicines information knowledge base for NHS health professionals. The independent, evidence based content aims to promote safe and effective use of medicines. This is a free service; anyone working in the NHS can register. There is a wide range of useful information including current awareness, drug reviews and drug alerts. It is updated daily.

One particularly useful service is NeLM News. This provides daily important and relevant news about medicines and related practice. It is written by medicines information pharmacists who scan a variety of peer-reviewed journals, reputable international health news websites, UK government websites and other UK health related organisations. News items are reviewed and, in some cases, critically evaluated. Relevant articles are reported as soon as possible after they are published.

The type of material includes:
- MHRA safety reports or alerts
- SMC/NICE advice
- Major trials, systematic reviews or health economic studies covering drugs or lifestyle interventions which involve medicines or pharmacy
- Studies given coverage by the BBC or national newspapers
- UK product launch information or significant product licence changes.

Registering for this service on the website (www.nelm.nhs.uk) allows you to receive daily updates. The news items often link to the original article and are a great way of keeping up to date without scanning a large number of journals. Contact your local MI Centre for further advice:
- Glasgow Royal Infirmary 0141 211 4407
- Inverclyde Royal Hospital 01475 504305
- Royal Alexandra Hospital 0141 314 6819
- Southern General Hospital 0141 201 1381
- Vale of Leven Hospital 01389 754121
- Yorkhill 0141 201 0626

Hitting the Headlines
Hitting the Headlines (www.library.nhs.uk/rss/) is a service from the National Library for Health. It aims to ensure that patients and health professionals are better informed about the accuracy of reporting of research into the effectiveness of new treatments, drugs and other health care interventions in the press. It assesses the reliability of both the journalists’ reporting of health stories and the research on which they are based. It provides a rapid assessment of the original research behind the news story and evaluates how accurately the journalists have reported the findings of the research. Summaries of news stories are produced within 48 hours of their publication.

Website update:
A new edition of PostScript Extra on the pharmacological management of osteoporosis is now available at tinyurl.com/2kbsva

© NHSGGC Area Drug & Therapeutics Committee September 2007
Design, layout and production control:
Strathcashel Publications Project Management (01505 850 344)
Printed by: Mackay & Inglis, Glasgow