MINUTES OF THE MEETING OF THE FIFE AREA DRUG AND THERAPEUTICS COMMITTEE HELD AT 12.30PM ON WEDNESDAY 21 OCTOBER 2015 IN THE BOARD ROOM, HAYFIELD CLINIC, KIRKCALDY.

Present: Dr F Elliot (Chair)  
Dr L Anderson  
Mr S Garden  
Mr D Mitchell  
Mr I Mohammed  
Ms K McDougall  
Dr J McLaren  
Ms N Platt  
Dr D Reid  
Mr E Reid  
Dr S Rogers  
Mrs S Tyson

In attendance: Ms J Booth, Healthcare Improvement Scotland  
Ms A Ma, Healthcare Improvement Scotland  
Mrs S MacDonald (minutes)

Healthcare Improvement Scotland Presentation  
Dr Elliot welcomed Jill Booth, Clinical Adviser - Pharmacist and Andrea Ma, Project Officer, Area Drug and Therapeutics Committees Collaborative, Healthcare Improvement Scotland to the meeting and introductions took place round the table.

The presentation by Ms Booth included information on the background to the ADTC collaborative, progress with current priorities, identifying future priorities and working collaboratively with ADTCs on areas of shared interest.

Comments were fed back from the ADTC including the timeline for testing the Scottish Patient Kardex, challenges of the introduction of new medicines/cancer medicines/IPTRs and increased time to allow ADTCs to respond to consultation deadlines.

Healthcare Improvement Scotland continues to engage with ADTCs though national ADTC meetings, Board visits, quarterly flash reports and bulletins. The next national ADTC meeting is on 17th November and will focus on medicines safety. It was noted that Mrs McPhail and Mr Mohammed will be attending the event on behalf of NHS Fife ADTC. There may be limited additional spaces available; any ADTC members interested in attending were advised to contact Jill Booth.

1 APOLOGIES FOR ABSENCE

Apologies for absence were noted from Dr G Birnie, Dr I Gourley, Dr A
McGovern, Mrs E McPhail, Ms J Owens and Ms C Potter.

2 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 19 August 2015 were confirmed as a true record.

3 MATTERS ARISING FROM THE MINUTES

3.1 Management of Vitamin D Deficiency in Adults

Dr Reid advised that he is currently in the process of identifying a lead to take forward development of the guidance. Mr Mohammed highlighted that following withdrawal of the previous guidance document there have been a number of enquiries from pharmacists and clinicians looking for advice on the management of vitamin D deficiency.

3.2 Dissemination and Implementation of SIGN Guidance within NHS Fife

Dr Elliot highlighted the NHS Fife-wide Procedure for National SIGN Guidance Review, Dissemination and Implementation. Mr Mohammed advised that he has had a meeting with Elizabeth Muir, Clinical Effectiveness Lead to discuss the procedure within NHS Fife and the potential gap in communication between the clinical effectiveness team and the ADTC. It has been agreed that Mr Mohammed will be informed of who is to be involved in each of the local review groups and will receive a copy of the completed matrix.

3.3 Guidance for the Identification, Assessment and Management of Harmful Drinking and Alcohol Dependence

Mr Garden advised that the Guidance for the Identification, Assessment and Management of Harmful Drinking and Alcohol Dependence has been revised to take account of comments received by the ADTC. A meeting has been arranged between Mr Garden, Dr Cargill, Dr Baldacchino and Liz Hutchings to discuss the revisions and the Guidance will be brought back to the ADTC in due course.

4 DECLARATION OF INTERESTS

There were no declarations of interests.

5 ADTC SUB-GROUP UPDATE REPORTS

5.1 Patient Group Directions Group

The update report submitted by the Patient Group Directions Group was noted. The ADTC noted the issues highlighted in relation to difficulty obtaining microbiologist input into PGDs that involve the use of an antibiotic and difficulty obtaining microbiologist approval for some paediatric PGDS due to lack of paediatric antimicrobial guidelines. It was noted that these issues should be addressed once the new microbiologist
is in post. Ms Platt advised that adaptation of the NHS Lothian Paediatric Antimicrobial Guidelines for use in NHS Fife is being explored.

5.2 Patient Access Scheme Group

The Patient Access Scheme Group update report was carried forward to the December ADTC meeting.

5.3 Medicines Reconciliation Group

The Medicines Reconciliation Group update report was carried forward to the December ADTC meeting.

6 HIS SAFER USE OF MEDICINES – INFOGRAPHIC

Dr Elliot introduced the Healthcare Improvement Scotland ‘Safer Use of Medicines Infographic’ and briefed the ADTC on the background to its development. The infographic has been designed as a prompt for healthcare professionals when discussing the safer use of medicines. NHS Boards are encouraged to use the infographic and tailor it locally as required to note the national initiatives in place that aim to support the safer use of medicines. The infographic has been produced for healthcare professionals and is not intended for presentation to patients.

Mr Garden advised that he has used the infographic several times in teaching sessions and clinical governance meetings and found it to be useful in its current format. It was noted that some other Health Boards have populated the infographic with local data.

Following discussion the ADTC supported the use of the infographic in its current format, however it was agreed it would be useful to see the infographic populated with Fife data.

7 BIOSIMILAR MEDICINES

7.1 Prescribing Framework

Mr Reid advised that he has contacted Dr Zahid, Consultant Gastroenterologist and it is anticipated that the gastroenterology biologics prescribing framework will be submitted to the ADTC meeting in December.

Dr McLaren advised that the rheumatology biologics pathway is in the process of being updated. Dr McLaren to clarify the status of this and bring to the ADTC in December.

8 EARLY ACCESS TO MEDICINES SCHEME (EAMS) - SACUBITRIL/VALSARTAN

Mr Garden introduced the paper from Healthcare Improvement Scotland on the supply of sacubitril/valsartan via the MHRA Early Access to Medicines Scheme (EAMS) for the reduction of risk of cardiovascular mortality and morbidity in adult patients with symptomatic heart failure.
and reduced ejection fraction. The aim of EAMS is to provide earlier availability of promising new unlicensed and ‘off label’ medicines to UK patients that have a high unmet clinical need. The medicines included in the scheme are those that are intended to treat, diagnose or prevent seriously debilitating or life threatening conditions where there are no adequate treatment options.

Following discussion the ADTC agreed to explore the provision of sacubitril/valsartan via the MHRA Early Access to Medicines Scheme. Mr Garden and Mr Mohammed to collaborate on the process within NHS Fife.

9 CHANGE IN STORAGE AND ADMINISTRATION OF ORAL MORPHINE SULPHATE 10MG/5MLS IN HOSPITAL SETTINGS

Mr Mitchell introduced the paper produced on behalf of the Heads of Nursing recommending a change in the storage and administration of oral morphine sulphate 10mg/5ml and briefed the ADTC on the background to this. Oral morphine solution 10mg/5ml has historically been managed as a regulated controlled drug across NHS Fife. This is not a legal requirement but has remained practice within NHS Fife. The ADTC noted the potential benefits for patients and staff outlined in the paper if oral morphine solution 10mg/5ml was removed from the controlled drug cupboard and made available for administration in accordance with the process for other non regulated oral medications. Oral morphine solution 20mg/1ml would continue to be managed as a controlled drug and would be stored in the controlled drug cupboard.

Following discussion the ADTC approved the change in recording, storage and administration of oral morphine sulphate 10mg/5ml. Oral morphine 20mg/1ml should continue to be managed as a controlled drug.

10 SMC

10.1 SMC Recommendations issued August and September 2015

The ADTC decisions are recorded in Appendix 1.

**Insulin Glargine (SMC 1078/15)**

Insulin Glargine (Toujeo®) has been accepted by the SMC for restricted use in the treatment of type 1 or type 2 diabetes mellitus in adults aged 18 years and above.

The ADTC noted that insulins for use in type 1 diabetes are not currently listed on the Fife Formulary. Toujeo® contains 300 units/ml of insulin glargine compared to 100 units/ml for the Lantus® formulation. The two products are not considered bioequivalent and would require dose adjustment if switching from one formulation to another. Concerns around the requirement for dose adjustment and the potential for error were highlighted. Following discussion the ADTC agreed to defer the decision pending clarity on patient numbers, completion of a risk assessment and the availability of an insulin poster for display in hospital settings.
10.2 SCAN Formulary Submissions Approved by Lothian Formulary Committee September 2015

The ADTC decisions are recorded in Appendix 1.

11 FORMULARY

11.1 Draft HIS Standard Template for Recording New Medicines Formulary Decisions

Mr Mohammed introduced the Healthcare Improvement Scotland draft standard template for NHS Board new medicines decisions and briefed the ADTC on the background to this.

The template has been developed on behalf of Healthcare Improvement Scotland by a Formulary Decision Review Expert Advisory Group with representation from NHS Scotland Boards, Healthcare Improvement Scotland and public partners. Mr Mohammed is part of the Review Expert Advisory Group. The template has been sent to ADTCs, Directors of Pharmacy, Scottish Medicines Consortium and Healthcare Improvement Scotland public partners for consultation and comments will be reviewed and incorporated as appropriate prior to submission to the Healthcare Improvement Scotland Executive Team for final approval.

No suggestions for changes were received from the ADTC and the ADTC was happy with the content of the NHS board new medicines decisions standard template.

11.2 Fife Formulary Submission - Melatonin (Circadin®)

Mrs Tyson took the ADTC through the request submitted by Dr Chris Steer, Consultant Paediatrician, that melatonin MR 2mg (Circadin MR®) be added to the Fife Formulary for use in sleep-wake cycle disorders in children (3-18 years) with ADHD, autism, visual impairment, learning difficulties and developmental delay where symptoms have been present for at least 6 months or sleep disturbance is so severe that the family are heading for a crisis.

The ADTC noted the following:

- The current preferred formulary choice for the proposed indication is Bio-Melatonin® tablets 3mg.
- Bio-melatonin® is licensed in Europe but does not hold a UK licence. Circadin MR® is licensed in the UK for use in adults with primary insomnia however use in children would be an off-label use. The Medicines and Healthcare products Regulatory Agency (MHRA) and General Medical Council recommend that where a licensed preparation is available, it should be considered first, even if it is for an off-label use. In April 2014, NHS Scotland Directors of Pharmacy and Scottish Association of Medical Directors issued a consensus statement reiterating this advice.
- Circadin MR® is more cost effective than Bio-Melatonin®. Spend on
Melatonin in NHS Fife is two and a half times the Scottish average and a switch to Circadin MR® would potentially result in significant cost efficiencies.

- 70% of melatonin prescribing within NHS Fife is for an immediate release product. Circadin® is a modified release product and tablets would require to be crushed for patients requiring an immediate release profile. Once crushed, however, Circadin MR® would be regarded as an unlicensed product.
- Wider use of the modified release preparation rather than crushing the tablets is being explored with the intention of moving to the modified release preparation in the longer-term. In the meantime a patient information leaflet to support crushing the product is to be produced.
- There is limited trial evidence available on the efficacy and long-term safety of melatonin in children.

Following discussion the ADTC approved the request to include melatonin MR 2mg (Circadin MR®) in the Fife Formulary for use in sleep-wake cycle disorders in children (3-18 years) with ADHD, autism, visual impairment, learning difficulties and developmental delay. Initiation should be restricted to or on the advice of a specialist. Bio-Melatonin® to be removed from the Formulary.

11.2.1 **Melatonin Guidance**

Mrs Tyson took the ADTC through the Melatonin Guidance for the Treatment of Sleep-Wake Cycle Disorders in Children.

Mrs Tyson highlighted that currently there is no local guidance on the maximum dose limit of melatonin which should be administered in children and the guidance document seeks to clarify this. The guidance document advises that melatonin up to a maximum dose of 10mg should be prescribed with very occasional use of 12mg which should be prescribed and continued by the specialist only. Dr McLaren stated that advice from the Sleep Centre is that the maximum dose which should be administered in adults is 12mg. Following discussion the ADTC agreed that the maximum dose in the guidance document should remain at 10mg.

Mr Mohammed highlighted the statement on page two of the guidance in relation to optimisation of ADHD medication prior to initiation of melatonin and it was agreed that this required clarification.

Subject to amendment to take account of the comments received, the ADTC approved the Melatonin Guidance for the Treatment of Sleep-Wake Cycle Disorders in Children. The ADTC noted that a sleep hygiene patient information leaflet is to be developed.

11.3 **Fife Formulary Submission - Topical NSAIDs**

Mr Mitchell introduced the request submitted by the Fife Integrated Pain Management Service to amend the Fife Formulary status of ibuprofen gel to 1st choice topical NSAID and include diclofenac diethylammonium
1.16% gel in the Fife Formulary as 2nd choice topical NSAID.

The ADTC noted the following:
- The current formulary choices for the proposed indication are piroxicam 0.5% gel (1st choice) and ibuprofen 10% gel (2nd choice).
- The current Formulary 1st choice (Piroxicam 0.5% gel) has increased significantly in price. A switch from piroxicam 0.5% gel to ibuprofen gel could result in potential cost savings of approximately £200,000 per annum in primary care.
- There is no current evidence that one topical NSAID is more effective than another; however patient response to topical NSAIDs may differ between preparations.

Following discussion the ADTC approved the request to amend the Formulary status of ibuprofen gel (1st choice) and include diclofenac diethylammonium 1.16% gel (2nd choice) in the Fife Formulary. Piroxicam 0.5% gel removed from the Formulary.

11.4 Fife Formulary Submission - Dymista® Nasal Spray (fluticasone propionate + azelastine)

Mr Reid introduced the request submitted by Mr Kelleher, Consultant ENT Surgeon, to include Azelastine/Fluticasone Propionate (Dymista®) Nasal Spray in the Fife Formulary for relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis.

The ADTC noted the following:
- Azelastine/Fluticasone Propionate (Dymista®) Nasal Spray is licensed for relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis if monotherapy with either intranasal antihistamine or glucocorticoid is considered insufficient and was approved by the SMC in September 2014 for this indication.
- In October 2014 the ADTC considered the SMC Advice and decided that Azelastine/Fluticasone Propionate (Dymista®) Nasal Spray should not be added to the Fife Formulary as local clinicians had not responded to a request for Formulary inclusion.
- Current Formulary choice steroid nasal sprays are Beclometasone, Mometasone and Fluticasone Furoate (Avamys®). Azelastine is currently not included on the Fife Formulary.
- There is currently only limited usage of Azelastine/Fluticasone Propionate (Dymista®) and Azelastine Nasal Spray within NHS Fife.
- The potential quicker action of Dymista® compared to standard steroid nasal sprays.

Following discussion the ADTC did not approve the request to include Azelastine/Fluticasone Propionate (Dymista®) Nasal Spray in the Fife Formulary for relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis. The Committee accepted, however, that it could be used in patients when Formulary choice nasal sprays have been ineffective.
11.5 **Formulary Amendment - Sorbisterit/Calcium Resonium®**

Mr Mohammed introduced the Formulary Amendment Request submitted by Dr Arthur Doyle, Consultant Renal Physician, to replace calcium polystyrene sulfonate (Sorbisterit®) with calcium polystyrene sulphonate (Calcium Resonium®) in the Fife Formulary for treatment of hyperkalaemia/potassium removal.

The ADTC noted that the current Formulary product calcium polystyrene sulfonate (Sorbisterit®) has been discontinued by the manufacturing company.

The ADTC **approved the request to replace Sorbisterit® with Calcium Resonium®** in the Fife Formulary for treatment of hyperkalaemia/potassium removal. Restricted to hospital use only.

11.6 **Simple Eye Ointment**

Mr Mohammed advised that when the Eye Section of the Formulary was reviewed at the beginning of 2015 the ophthalmologists decided that Simple Eye Ointment should remain on the Formulary for restricted use in patients with lanolin sensitivity. Since then it has been highlighted that Simple Eye Ointment is not lanolin free. Mr Mohammed has discussed with the ophthalmologists and they are in agreement that there is therefore no need for Simple Eye Ointment to remain on the Formulary.

The ADTC agreed that Simple Eye Ointment should be removed from the Formulary.

12 **GUIDELINES**

12.1 **Updated - Splenectomy Guidance**

Ms Platt introduced the updated Guidance for the Prevention of Infection in Patients with an Absent or Dysfunctional Spleen and highlighted the changes.

No comments were received and the ADTC **approved** the updated Guidance for the Prevention of Infection in Patients with an Absent or Dysfunctional Spleen.

13 **ITEMS FOR NOTING**

13.1 **Individual Patient Treatment Requests - Latest Submissions**

The updated table of Individual Patient Treatment Requests was noted.

Mr Garden advised that he is in the process of compiling information on historic and current IPTRs for submission to the Scottish Government. This has highlighted a number of medicines which are being prescribed without approval of an IPTR. Mr Garden will bring information back to the ADTC in due course.
13.2 MHRA Drug Safety Update

The MHRA Drug Safety Updates for August and September 2015 were noted.

13.4 Yellow Card Centre Annual Report - Fife

The Yellow Card Centre Annual Report and report for NHS Fife were noted. Dr Elliot highlighted that a number of Yellow Card Centre Road Shows are scheduled for November to promote and encourage the reporting of adverse drug reactions.

13.5 ADTC Bulletin – February - June 15

The ADTC Bulletin February-June 2015 was noted.

13.6 Fife Medicines Focus - September 15

Fife Medicines Focus September 2015 was noted.

13.7 ADTC Meeting Dates for 2016

The ADTC meeting dates for 2016 were approved.

14 ANY OTHER COMPETENT BUSINESS

a Minutes of Other ADTC Meetings

a.1 Lothian Formulary Committee: Minutes of meeting 2 September 2015. For information.

a.2 Tayside Drug & Therapeutics Committee: Minutes of meeting 17 August 2015. For information.

b Minutes of MCN Prescribing Sub-Groups

Not available.

Mr Mohammed highlighted that due to the frequency of MCN Prescribing Sub-group meetings, approved minutes are not available for submission to the ADTC until several months have elapsed. It was agreed that unconfirmed minutes should be requested.

SMacD

c Date of Next Meeting

The next meeting is to be held on Wednesday 16 December 2015 at 12.30pm in the Board Room, Hayfield Clinic, Kirkcaldy. (The deadline for submission of papers to be considered for the agenda is 30 November 2015. Apologies for meeting to be notified to Sandra MacDonald by 30 November 2015.)
## SMC Advice - Formulary Decisions

### Scottish Medicines Consortium Recommendations

<table>
<thead>
<tr>
<th>Date</th>
<th>Product/Manufacturer</th>
<th>SMC Advice</th>
<th>Decision of ADTC</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>August 2015 1074/15</strong></td>
<td>aflibercept 40mg/mL solution for injection (Eylea®) Bayer</td>
<td>For adults for the treatment of visual impairment due to macular oedema secondary to branch retinal vein occlusion <strong>Comparator Medicines:</strong> The relevant comparators are ranibizumab, dexamethasone implants and laser photocoagulation</td>
<td>Included on the Fife Formulary for this indication.</td>
<td>Hospital use only.</td>
</tr>
<tr>
<td><strong>August 2015 1075/15</strong></td>
<td>bortezomib 3.5mg powder for solution for injection (Velcade®) Janssen-Cilag Ltd</td>
<td>In combination with rituximab, cyclophosphamide, doxorubicin and prednisone for the treatment of adult patients with previously untreated mantle cell lymphoma who are unsuitable for haematopoietic stem cell transplantation <strong>Comparator Medicines:</strong> The bortezomib-containing regimen, VR-CAP (bortezomib, rituximab, cyclophosphamide, doxorubicin and prednisolone) is similar to R-CHOP and in practice it is likely to be used for patients who would have received R-CHOP</td>
<td>Included on the Fife Formulary for this indication.</td>
<td>SMC bortezomib (Velcade) Hospital use only.</td>
</tr>
<tr>
<td><strong>August 2015 1084/15</strong></td>
<td>ledipasvir/sofosbuvir 90mg/400mg film-coated tablet (Harvoni®) Gilead Sciences Ltd</td>
<td>Treatment of chronic hepatitis C (CHC) in adults. (The current submission relates to genotype 3 CHC) <strong>Comparator Medicines:</strong> Daclatasvir + sofosbuvir + ribavirin (for 24 weeks); sofosbuvir + ribavirin (for 24 weeks).</td>
<td>Included on the Fife Formulary for use in genotype 3 patients.</td>
<td>SMC ledipasvir/sofosbuvir (Harvoni) To be prescribed in line with national Hep. C guidance. Hospital use only.</td>
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</tbody>
</table>
### SMC Advice - Formulary Decisions

<table>
<thead>
<tr>
<th>Date</th>
<th>Product Description</th>
<th>Indication under review</th>
<th>Comparator Medicines</th>
<th>SMC/Manufacturer</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1083/15</td>
<td>sitagliptin, 25mg, 50mg and 100mg film-coated tablets (Januvia®) Merck Sharpe and Dohme UK Ltd</td>
<td>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</td>
<td>DPP-4 inhibitors (i.e. alogliptin, linagliptin, saxagliptin, vildagliptin) Thiazolidinediones (i.e. pioglitazone) GLP-1 receptor agonists (i.e. exenatide, lixisenatide, liraglutide) SGLT-2 inhibitors (i.e. canagliflozin, dapagliflozin, empagliflozin)</td>
<td>included on the Fife Formulary for this indication.</td>
<td>SMC sitagliptin (Januvia)</td>
</tr>
<tr>
<td>1078/15</td>
<td>insulin glargine 300 units/mL solution for injection in a pre-filled pen (Toujeo®) Sanofi</td>
<td>Treatment of type 1 or type 2 diabetes mellitus in adults aged 18 years and above.</td>
<td>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 hypoglycaemia 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.</td>
<td>not included on the Fife Formulary pending protocol.</td>
<td>SMC insulin glargine (Toujeo)</td>
</tr>
<tr>
<td>1079/15</td>
<td>lisdexamfetamine dimesylate, 30mg, 50mg and 70mg hard capsules (Elvanse Adult®) Shire Pharmaceuticals Ltd</td>
<td>as part of a comprehensive treatment programme for attention deficit/hyperactivity disorder (ADHD) in adults. Based on clinical judgment, patients should have ADHD of at least moderate severity. A comprehensive treatment programme typically includes psychological, educational, behavioural, occupational and social measures as well as pharmacotherapy. Treatment must be under the supervision of a specialist in behavioural disorders. Refer to the summary of product characteristics (SPC) for further information.</td>
<td>lisdexamfetamine dimesylate (Elvanse Adult®) is accepted for use within NHS Scotland.</td>
<td>not included on the Fife Formulary pending protocol.</td>
<td>SMC lisdexamfetamine dimesylate (Elvanse Adult)</td>
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</table>

No adult ADHD service currently established in NHS Fife.
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<tr>
<th>Comparator Medicines:</th>
<th>pasireotide (as pamoate), 20mg, 40mg 60mg powder and solvent for suspension for injection (Signifor®) Novartis Pharmaceuticals UK Ltd</th>
<th>Not included on the Fife Formulary as clinicians do not support formulary inclusion.</th>
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<tbody>
<tr>
<td>Treatment of adult patients with acromegaly for whom surgery is not an option or has not been curative and who are inadequately controlled on treatment with another somatostatin analogue</td>
<td>pasireotide (as pamoate) (Signifor®) is accepted for use within NHS Scotland.</td>
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<tr>
<td>Indication under review: Treatment of adult patients with acromegaly for whom surgery is not an option or has not been curative and who are inadequately controlled on treatment with another somatostatin analogue</td>
<td>pasireotide administered every four weeks was significantly superior to an active control group (comprising other somatostatin analogues administered monthly) for the primary endpoint of biochemical control, in patients with inadequately controlled acromegaly following treatment with a somatostatin analogue for at least six months.</td>
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<tr>
<td>This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting</td>
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<tr>
<td><strong>Comparator Medicines:</strong> Somatostatin analogues (given monthly), pegvisomant (not recommended for use by SMC).</td>
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<td><strong>SMC restriction:</strong> to use in patients who have proven sensitivity to preservatives.</td>
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<tr>
<td><strong>The combination product costs less than preservative-free tafluprost and timolol eye drops administered separately</strong></td>
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<tr>
<td><strong>Tafluprost 15micrograms/mL and timolol 5mg/mL preservative-free eye drops (Taptiqom®) are accepted for restricted use within NHS Scotland.</strong></td>
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<tr>
<td><strong>Indication under review:</strong> Reduction of intraocular pressure in adult patients with open angle glaucoma or ocular hypertension who are insufficiently responsive to topical monotherapy with beta-blockers or prostaglandin analogues and require a combination therapy, and who would benefit from preservative-free eye drops.</td>
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<tr>
<td><strong>SMC restriction:</strong> to use in patients who have proven sensitivity to preservatives.</td>
<td></td>
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<tr>
<td><strong>The combination product costs less than preservative-free tafluprost and timolol eye drops administered separately</strong></td>
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<tr>
<td><strong>Bevacizumab 25mg/mL concentrate for solution for infusion, (Avastin®) Roche Products Limited</strong> Bevacizumab in combination with paclitaxel, topotecan, or pegylated liposomal doxorubicin is indicated for the treatment of adult patients with platinum-resistant recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who received no more than two prior chemotherapy regimens and who have not received prior therapy with bevacizumab or other vascular endothelial growth factor (VEGF) inhibitors or VEGF receptor-targeted agents.</td>
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<tr>
<td><strong>Indication under review:</strong> in combination with paclitaxel, topotecan, or pegylated liposomal doxorubicin for the treatment of adult patients with platinum-resistant recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who received no more than two prior chemotherapy regimens and who have not received prior therapy with bevacizumab or other vascular endothelial growth factor (VEGF) inhibitors or VEGF receptor-targeted agents.</td>
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<tr>
<td><strong>SMC restriction:</strong> to use in combination with paclitaxel.</td>
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<td><strong>The addition of bevacizumab to chemotherapy improved progression free survival in</strong></td>
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### Drug Information

**August 2015 1048/15**

**Comparator Medicines:**
- Atomoxetine, methylphenidate*, dexamfetamine†.
- Methylphenidate is not licensed for treatment initiation in adults with ADHD.
- Dexamfetamine is not licensed for use in adults with ADHD.

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**August 2015 1085/15**

**Comparator Medicines:**
- Somatostatin analogues (given monthly), pegvisomant (not recommended for use by SMC).

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**August 2015 1063/15**

**Comparator Medicines:**
- Somatostatin analogues (given monthly), pegvisomant (not recommended for use by SMC).

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**August 2015 1063/15**

**Comparator Medicines:**
- Somatostatin analogues (given monthly), pegvisomant (not recommended for use by SMC).
<table>
<thead>
<tr>
<th>Date</th>
<th>Product</th>
<th>SMC Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2015 980/14</td>
<td>bevacizumab or other vascular endothelial growth factor (VEGF) inhibitors or VEGF receptor-targeted agents.</td>
<td>SMC advice - Formulary Decisions</td>
</tr>
<tr>
<td></td>
<td>Comparator Medicines: Current treatment options for patients with platinum-resistant ovarian cancer are paclitaxel, topotecan or pegylated liposomal doxorubicin.</td>
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<td></td>
<td>patients with platinum-resistant ovarian cancer in an open-label phase III randomised study.</td>
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<td></td>
<td>This SMC advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of bevacizumab. This advice is contingent upon the continuing availability of the PAS in NHS Scotland or a list price that is equivalent or lower.</td>
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<tr>
<td></td>
<td>This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting.</td>
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</tr>
<tr>
<td>August 2015 1072/15</td>
<td>avanafil 50mg, 100mg, 200mg tablets (Spedra®) A Menarini Farmaceutica Internazionale SRL</td>
<td>Not recommended.</td>
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<tr>
<td></td>
<td>Treatment of erectile dysfunction in adult men. In order for avanafil to be effective, sexual stimulation is required</td>
<td>Requires submission and approval of an IPTR before prescribing.</td>
</tr>
<tr>
<td></td>
<td>Comparator Medicines: For the proposed positioning (second-line to sildenafil), tadalafil and vardenafil are the relevant comparators</td>
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<tr>
<td></td>
<td>avanafil (Spedra®) is not recommended for use within NHS Scotland.</td>
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<tr>
<td></td>
<td>Indication under review: Treatment of erectile dysfunction (ED) in adult men. In order for avanafil to be effective, sexual stimulation is required</td>
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<td></td>
<td>The pivotal studies demonstrated a statistically significant improvement in ED after administration of avanafil compared with placebo in the general ED population and in patients with ED due to diabetes or following radical prostatectomy.</td>
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<td></td>
<td>The submitting company did not present a sufficiently robust clinical and economic analysis to gain acceptance by SMC.</td>
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<tr>
<td>August 2015 1100/15</td>
<td>elosulfase alfa, 1mg/mL concentrate for solution for infusion (Vimizim®) Biomarin Europe Limited</td>
<td>Not recommended.</td>
</tr>
<tr>
<td></td>
<td>Treatment of mucopolysaccharidosis, type IVA (Morquio A Syndrome, MPS IVA) in patients of all ages</td>
<td>Requires submission and approval of an IPTR before prescribing.</td>
</tr>
<tr>
<td></td>
<td>Comparator Medicines: Supportive care.</td>
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<tr>
<td></td>
<td>elosulfase alfa (Vimizim®) is not recommended for use within NHS Scotland.</td>
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<tr>
<td></td>
<td>Indication under review: treatment of mucopolysaccharidosis, type IVA (Morquio A Syndrome, MPS IVA) in patients of all ages.</td>
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<td></td>
<td>In a double-blind placebo-controlled study the difference from baseline in the mean distance walked in the 6-minute walking test was significantly longer for elosulfase alfa, given weekly, than placebo at week 24.</td>
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<tr>
<td></td>
<td>The submitting company’s justification of the treatment’s cost in relation to its health benefits was not sufficient and in addition the company did not present a sufficiently robust economic analysis to gain acceptance by SMC.</td>
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<td></td>
<td>This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting.</td>
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</tr>
<tr>
<td>August 2015 1101/15</td>
<td>ketoconazole (Ketoconazole HRA®) 200mg tablets HRA Pharma</td>
<td>Not recommended.</td>
</tr>
<tr>
<td></td>
<td>Non SMC Submission</td>
<td>Requires submission and approval of an IPTR before prescribing.</td>
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<tr>
<td></td>
<td>ketoconazole (Ketoconazole HRA®) 200 mg tablets are not recommended for use within NHS Scotland.</td>
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<tr>
<td></td>
<td>Indication under review: Treatment of endogenous Cushing’s syndrome in adults and adolescents above the age of 12 years.</td>
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<tr>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>August 2015 1101/15</td>
<td>tigecycline (Tygacil®) 50 mg powder for solution for infusion Pfizer Limited</td>
<td>Not recommended.</td>
</tr>
<tr>
<td></td>
<td>Non SMC Submission</td>
<td>Requires submission and approval of an IPTR before prescribing.</td>
</tr>
<tr>
<td></td>
<td>tigecycline (Tygacil®) 50 mg powder for solution for infusion is not recommended for use within NHS Scotland.</td>
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<tr>
<td></td>
<td>Indication under review: Treatment in children from the age of eight years for the following infections:</td>
<td></td>
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<tr>
<td></td>
<td>• complicated skin and soft tissue infections, excluding diabetic foot infections</td>
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<tr>
<td></td>
<td>This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting.</td>
<td></td>
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</tbody>
</table>
### SMC Advice - Formulary Decisions

#### complicated intra-abdominal infections

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.

#### Septemb er 2015 1089/15

**Ciclosporin 1mg/mL (0.1%) eye drops emulsion (Ikervis®)**

**Santen GmbH**

Treatment of severe keratitis in adult patients with dry eye disease, which has not improved despite treatment with tear substitutes

**Comparator Medicines:**

None. Ciclosporin eye drops are likely to be used in addition to tear substitutes and ocular lubricants. Unlicensed preparations of ciclosporin eye drops are currently in clinical use.

**Ciclosporin 1mg/mL (0.1%) eye drops emulsion (Ikervis®)** is accepted for use within NHS Scotland.

**Indication under review:** treatment of severe keratitis in adult patients with dry eye disease, which has not improved despite treatment with tear substitutes.

Ciclosporin eye drops, compared to vehicle, improved signs of corneal surface damage but not symptoms in patients with severe keratitis associated with dry eye disease

- Included on the Fife Formulary for restricted use.
- Restricted to patients with severe keratitis who have responded inadequately to tear substitutes.
- Specialist initiation only.

**Scottish Medicines Consortium ciclosporin (Ikervis)**

#### Septemb er 2015 1094/15

**Midodrine hydrochloride (Bramox®) 2.5mg, 5mg tablets**

**Brancaster Pharma Ltd**

**Product Update**

Midodrine hydrochloride (Bramox®) 5mg tablets have been shown to be bioequivalent to the unlicensed midodrine 5mg product currently in use in NHS Scotland. The availability of midodrine hydrochloride (Bramox®) will allow the prescribing of a licensed medicinal product, with a resultant small net budget impact, based on estimates from primary and secondary prescribing and expenditure data from 2013/14.

- Included on the Fife Formulary.
- Specialist initiation only.

**Scottish Medicines Consortium midodrine hydrochloride (Bramox)**

#### Septemb er 2015 1091/15

**Travoprost 40 micrograms/mL eye drops (Travatan®)**

**Alcon Eye Care UK Ltd**

**Product Update**

Travoprost (Travatan®) is accepted for use within NHS Scotland.

**Indication under review:** decrease of elevated intraocular pressure in paediatric patients aged 2 months to <18 years with ocular hypertension or paediatric glaucoma.

In a randomised, double-masked study of paediatric patients with glaucoma or ocular hypertension, travoprost was demonstrated to be non-inferior to a beta blocker eye drop preparation in terms of mean reduction in intra-ocular pressure.

Another topical ocular prostaglandin analogue preparation is licensed for use in children for this indication and is considerably cheaper. In reducing intra-ocular pressure, travoprost is comparable in effect to other drugs in its class.

- Included on the Fife Formulary for restricted use.
- Restricted to patients with fair eyes where pigmentation of the iris may be a concern.
- Specialist initiation only.

**Scottish Medicines Consortium travoprost (Travatan)**

#### Septemb er 2015 1076/15

**Nintedanib 100mg and 150mg capsules (Ofev®)**

**Boehringer Ingelheim**

In adults for the treatment of idiopathic pulmonary fibrosis (IPF).

**Comparator Medicines:**

The main comparators are pirfenidone and N-acetylcysteine, although the latter is

**Nintedanib (Ofev®)** is accepted for restricted use within NHS Scotland.

**Indication under review:** in adults for the treatment of idiopathic pulmonary fibrosis (IPF).

**SMC restriction:** For use in patients with a predicted forced vital capacity (FVC) less than or equal to 80%.

Nintedanib, compared to placebo, reduces the decline in pulmonary function assessed by forced vital capacity in patients with IPF.

- Not included on the Fife Formulary pending protocol.
- Hospital use only.

**Scottish Medicines Consortium nintedanib (Ofev)**

Formulary choice is Pirfenidone
This SMC advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of nintedanib. This advice is contingent upon the continuing availability of the PAS in NHS Scotland or a list price that is equivalent or lower.

This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting.

### Insulin Degludec/Liraglutide

**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 Fife Formulary as clinicians do not support formulary inclusion.

### Empagliflozin/Metformin

**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.

Not included on the Fife Formulary as clinicians do not support formulary inclusion.

### Radium-223 Dichloride

**Radium-223 dichloride (Xofigo®)** is accepted for use within NHS Scotland.

**Indication under review:** for the treatment of adults with castration-resistant prostate cancer, symptomatic bone metastases and no known visceral metastases.

Not included pending protocol.
SMC Advice - Formulary Decisions

For the treatment of adults with castration-resistant prostate cancer, symptomatic bone metastases and no known visceral metastases

Comparator Medicines:
Since radium-223 can be used in patients with castration-resistant prostate cancer and symptomatic bone metastases irrespective of their previous therapy, it is difficult to define directly relevant comparators. Other agents that may be used include docetaxel, cabazitaxel (not recommended by SMC), abiraterone, enzalutamide and strontium-89.

In a randomised phase III study of adult men with castration-resistant prostate cancer with symptomatic bone metastases and no known visceral metastases, treatment with radium-223 dichloride was associated with a significant improvement in overall survival compared to placebo.

This advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of radium-223 dichloride. This advice is contingent upon the continuing availability of the patient access scheme in NHS Scotland or a list price that is equivalent or lower.

This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting.

Not included pending protocol.

Septemb er 2015

trastuzumab 150mg powder for concentrate for solution for infusion (Herceptin®)
Roche Products Ltd

2nd resubmission

In combination with capecitabine or fluorouracil and cisplatin for the treatment of patients with HER2 positive metastatic adenocarcinoma of the stomach or gastro-oesophageal junction who have not received prior anti-cancer treatment for their metastatic disease. Trastuzumab should only be used in patients with metastatic gastric cancer whose tumours have HER2 overexpression as defined by IHC2+ and a confirmatory FISH+ result, or IHC 3+, as determined by an accurate and validated assay.

Comparator Medicines:
Triplet chemotherapy regimens consisting of epirubicin, a platinum-based agent and a fluoropyrimidine are used in the treatment of metastatic gastric cancer. SMC clinical experts have advised that EOX is the most commonly used chemotherapy regimen in NHS Scotland. Epirubicin, cisplatin and capecitabine (ECX); epirubicin, cisplatin, and fluorouracil (ECF); and epirubicin, oxaliplatin and fluorouracil (EOF) may also be used.

Docetaxel in combination with cisplatin and fluorouracil is licensed for the same indication; however, SMC has issued advice that it is not recommended for use within NHS Scotland as the marketing authorisation holder has not made a submission to SMC.

trastuzumab (Herceptin®) is accepted for restricted use within NHS Scotland.

Indication under review: in combination with capecitabine or fluorouracil and cisplatin for the treatment of patients with HER2 positive metastatic adenocarcinoma of the stomach or gastro-oesophageal junction who have not received prior anti-cancer treatment for their metastatic disease. It is indicated for use only in patients with metastatic gastric cancer whose tumours have HER2 overexpression as defined by IHC2+ and a confirmatory FISH+ result, or IHC 3+, as determined by an accurate and validated assay.

SMC restriction: for use in patients whose tumours have HER2 overexpression defined by immunohistochemistry (IHC) 3+ (“HER2 high expresser”).

The addition of trastuzumab to doublet chemotherapy improved overall and progression-free survival and tumour response.

This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting.

Not included pending protocol.

Scottish Medicines Consortium

trastuzumab (Herceptin)

Requires SCAN submission and consideration by Lothian Formulary Committee.
**SMC Advice - Formulary Decisions**

<table>
<thead>
<tr>
<th>Date</th>
<th>Product/Ingredient</th>
<th>Manufacturer</th>
<th>Summary</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 2015</td>
<td>abiraterone acetate 250mg tablets (Zytiga®)</td>
<td>Janssen-Cilag Ltd</td>
<td>Abiraterone acetate is indicated with prednisone or prednisolone for the treatment of metastatic castration resistant prostate cancer in adult men who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy in whom chemotherapy is not yet clinically indicated. Comparator Medicines: Watch and wait.</td>
<td>This advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of abiraterone acetate. This advice is contingent upon the continuing availability of the Patient Access Scheme in NHS Scotland or a list price that is equivalent or lower. This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting.</td>
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<td></td>
<td>everolimus 2.5mg, 5mg and 10mg tablet (Afinitor®)</td>
<td>Biomarin Europe Limited</td>
<td>For the treatment of hormone receptor-positive, HER2/neu negative advanced breast cancer, in combination with exemestane, in postmenopausal women without symptomatic visceral disease after recurrence or progression following a non-steroidal aromatase inhibitor. Comparator Medicines: Endocrine therapies used after non-steroidal AIs include: exemestane, tamoxifen, megestrol and fulvestrant. Fulvestrant has been not recommended for use by SMC.</td>
<td>This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting.</td>
</tr>
<tr>
<td></td>
<td>budesonide 9mg prolonged release tablets (Cortiment®)</td>
<td>Ferring Pharmaceuticals</td>
<td>Budesonide (Cortiment®) is not recommended for use within NHS Scotland. Indication under review: For the treatment of hormone receptor-positive, HER2/neu negative advanced breast cancer, in combination with exemestane, in postmenopausal women without symptomatic visceral disease after recurrence or progression following a non-steroidal aromatase inhibitor. The addition of everolimus to exemestane treatment significantly increased progression free survival compared with exemestane alone in postmenopausal women with disease progression following a non-steroidal aromatase inhibitor. The submitting company did not present a sufficiently robust economic analysis to gain acceptance by SMC. This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting.</td>
<td>Not recommended. Requires submission and approval of an IPTR before prescribing. Scottish Medicines Consortium abiraterone (Zytiga) Requires SCAN submission and consideration by Lothian Formulary Committee. Scottish Medicines Consortium everolimus (Afinitor) The submitting company did not present a sufficiently robust economic analysis to gain acceptance by SMC. Scottish Medicines Consortium budesonide (Cortiment) Lack of evidence of clinical effectiveness.</td>
</tr>
<tr>
<td>Product Name</td>
<td>SMC Advice</td>
<td>Place in therapy</td>
<td>Lothian formulary Committee Decision</td>
<td>Fife Formulary Added to Yes / No</td>
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<tr>
<td>sorafenib 200mg film-coated tablets (Nexavar®)</td>
<td>sorafenib (Nexavar®) is accepted for use within NHS Scotland. <strong>Indication under review:</strong> treatment of patients with progressive, locally advanced or metastatic, differentiated thyroid carcinoma, refractory to radioactive iodine. Treatment with sorafenib demonstrated a significant, clinically relevant five-month improvement in median progression free survival compared with placebo in patients with progressive, locally advanced or metastatic, differentiated thyroid carcinoma, refractory to radioactive iodine. This SMC advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of sorafenib. This advice is contingent upon the continuing availability of the PAS in NHS Scotland or a list price that is equivalent or lower. This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting.</td>
<td>Sorafenib is indicated for the treatment of patients with progressive, locally advanced or metastatic differentiated thyroid carcinoma (DTC) refractory to radioactive iodine. Starting dose is 400mg twice daily taken continuously until disease progression (broken down into 28-day cycles). All patients will be discussed at the thyroid MDT prior to offering sorafenib There are currently no active anti-cancer medicines in routine use for this patient group. <strong>Monitoring requirements</strong> Monthly blood tests for a median of 11 months. Monthly clinic visits for a median of 11 months 3 monthly CT scans for a median of 11 months. Baseline ECG before each cycle.</td>
<td>Add to additional list, Specialist use only.</td>
<td>No. Patients will be treated in Lothian.</td>
</tr>
<tr>
<td>docetaxel</td>
<td>Submission for off-label use.</td>
<td>Early use of docetaxel upon diagnosis of metastatic or locally advanced prostate cancer. Patients with newly diagnosed (within 3 months of starting LHRH analogue or antagonist therapy) metastatic or locally advanced (TanyN1M0 or T3-4N0M0) prostate cancer with a performance status of 0-1 and no contraindication to chemotherapy (e.g. marrow failure). Docetaxel will be offered upfront at diagnoses alongside standard hormonal therapy. It is anticipated that this will displace docetaxel currently used at later stages of treatment. It is possible that some patients with a long progression free survival may be re-challenged with docetaxel in the hormone refractory setting. Clinician experience is that this will only apply to a very small patient group (may be around 10 patients per year) due to the emergence of new treatment options in this therapeutic area and lack of fitness to receive chemotherapy in later stages of disease. Treatment will be repeated every 21 days for 6 cycles.</td>
<td>Off label use approved. Specialist use only.</td>
<td>Off-label use for this indication approved.</td>
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</table>