

Scottish Medicines Consortium Annual Report 2008



Providing advice about the status
of all newly licensed medicines
www.scottishmedicines.org.uk





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chairman's introduction

The past year has been a particularly busy one for the Scottish Medicines Consortium (SMC), with the core work of health technology assessment of new medicines running in parallel with a number of new challenges and developments. When I assumed the Chair in April, I was well aware that SMC was built on strong foundations and would therefore pay tribute to my two predecessors as Chair (Professors David Lawson and David Webb) for their tireless work over some 7 years that has seen SMC achieve so much.

Our rapid assessment of all new medicines reaching the Scottish marketplace remains a challenge, both in terms of the numbers of medicines to be assessed and the issues that they raise. Even after some 500 pieces of advice to NHS Scotland, new problems are still appearing, requiring careful consideration and debate at both the New Drugs Committee (NDC) and then at SMC itself. The quality of that discussion and debate is very high (and often openly admired by visiting observers), testament to the hard work and commitment of all NDC and SMC members. Neither the volume of the paperwork nor the complexity of the problems shows any sign of reducing.

The SMC Evaluation Project looked back at the first 4 years of SMC's work, assessing the impact of advice and the engagement with stakeholders. The output is described in detail elsewhere (see page 28-29) but there was much to be pleased with, especially the very positive engagement with Area Drug & Therapeutics Committees (ADTCs) and with the pharmaceutical industry. Learning points included only limited success in engagement with Patient Interest Groups. This issue (and others) form an action plan that will be taken forward in the next 1-2 years alongside further evaluation of SMC processes and decision-making.

The Scottish Parliament Public Petitions Committee Inquiry into the Availability on the NHS of Cancer Treatment Drugs took evidence from SMC amongst others. Its report was broadly supportive of SMC's work and approach to the difficult issues it has to face, seeking more to clarify the processes than to change them

SMC has always taken very seriously its lines of communication with its constituent ADTCs and, since taking over as Chair, I have visited the majority of ADTCs in Scotland. This has been a useful exercise in finding out what is working well and what SMC could do to serve ADTCs even better. A national meeting of ADTC Chairs and interested members will be planned for 2009 to promote wider discussion of some themes that have emerged.

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I have been joined on my visits to ADTCs by Professor Dilip Nathwani who has, with much hard work, established the Scottish Antimicrobial Prescribing Group (SAPG), which sits under the SMC umbrella. It seeks to develop and disseminate best practice in the use of antimicrobial therapies, including linking data on local antimicrobial use with data on patterns of antimicrobial resistance. Recent media focus has been on the risks of antimicrobial therapy yet we must not forget that many people who would previously have succumbed to infection are alive today because of modern antimicrobial medicines. The key is good antimicrobial stewardship to maximise benefits and minimise risks, and SAPG is already making excellent progress in this area.

The profile of SMC internationally continues to grow and we have engaged, to mutual benefit, with cognate bodies in Canada, Australia, Italy, Sweden and Eastern Europe (amongst others). The challenges faced by bodies assessing cost-effectiveness of new medicines are similar world-wide and sharing of both information and experience is very valuable. The high regard in which the work of SMC is held by international colleagues is very rewarding.

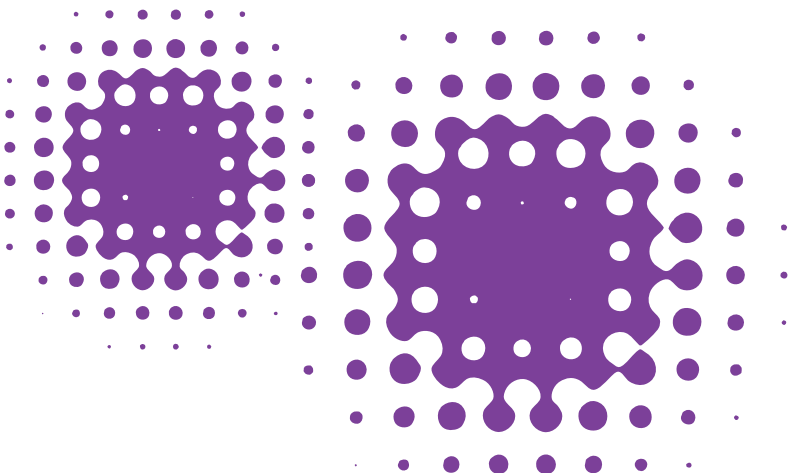
Industry participation has been crucial in the development of SMC processes and was led, from the inception of SMC, by Mike Wallace. Mike has now stepped down as senior industry representative on SMC (and Chair of our User Group Forum) and I am happy to place on record our thanks for his invaluable work at, and for, SMC over many years. His role has been taken over by Dr Frances Macdonald, who has already proven to be a worthy successor.

Involvement of patients and the wider public in SMC decision-making has also been of great importance and was enthusiastically led by another founding member of SMC, Wendy Nganasurian. She, too, has stepped down in the last year and I wish to record our gratitude to her for all her work for both our Patient and Public Involvement Group and for SMC itself, work now being ably led by Sheila Tunstall-James.

Within SMC itself, we have been fortunate to recruit an additional full-time health economist to consolidate the important reviewing of manufacturers' submissions to SMC. The small Secretariat continues to show a commitment and dedication to SMC far beyond that which we have a right to expect - I know every member of the SMC and NDC committees (and many from submitting pharmaceutical companies) would wish to record their thanks to all members of the Secretariat Team for all the work that they do.

Finally I would like to thank all members of SMC and NDC for their enthusiasm and support and all our external clinical experts and others whose expertise and counsel help us make the best decisions we can for patients in Scotland. A special thanks to the Vice-Chairs of SMC and NDC who unstintingly support me as Chair and ensure that we maintain our rigorous approach. I can only promise more challenges in the year to come as we look to the introduction of the new Pharmaceutical Price Reimbursement Scheme and other anticipated (and unexpected) changes.

Dr Kenneth Paterson
Chairman

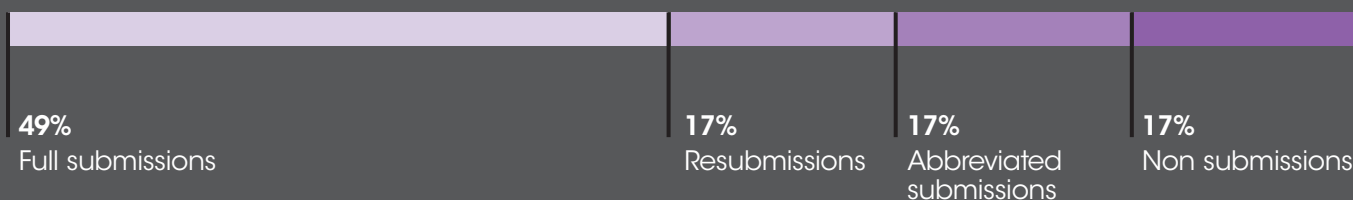


progress report

Total number of assessments undertaken by SMC during 2008

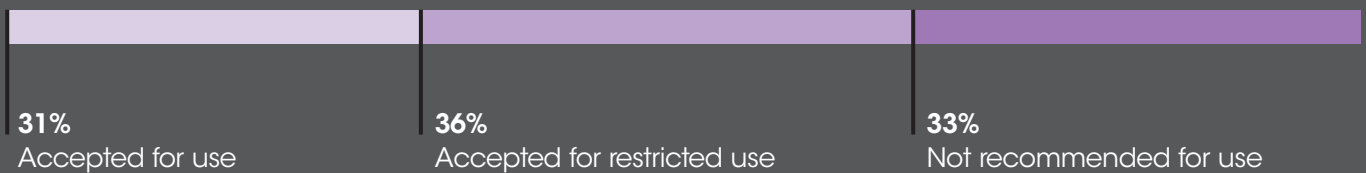
Submission Type	Number
Full submissions	51 (49%)
Resubmissions	18 (17%)
Abbreviated submissions	18 (17%)
Independent Review Panel (IRP)	-
Non submissions	18 (17%)
TOTAL	105

Please note SMC advice on 2 products has been withheld in confidence pending product availability.



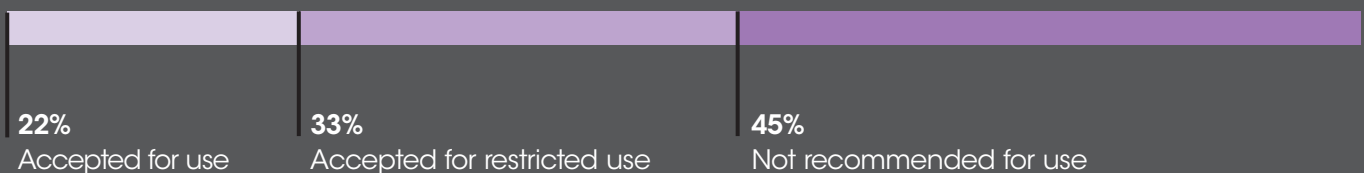
Outcome SMC assessments (excluding non-submissions)

Categories of Advice	Number
Accepted for use	27 (31%)
Accepted for restricted use	31 (36%)
Not recommended for use	29 (33%)
TOTAL	87



Total breakdown of resubmissions

Categories of Advice	Number
Accepted for use	4 (22%)
Accepted for restricted use	6 (33%)
Not recommended for use	8 (45%)
TOTAL	18



advice full submissions/resubmissions

Please note: Where a submission has been superseded by a resubmission, the prevailing advice is listed

SMCNo.	Product	Company	BNF Category	Advice
200/05	glyceryl trinitrate, 0.4% rectal ointment (Rectogesic) <i>Resubmission</i>	ProStrakan	Gastro-intestinal system	NOT RECOMMENDED: for relief of pain associated with chronic anal fissure. It was associated with very small improvements in pain scores compared with vehicle, and therefore little clinically significant effect. The manufacturer did not present a sufficiently robust economic case to gain acceptance by SMC.
234/06	buprenorphine transdermal patches 5, 10 and 20 microgram /hour 7-day formulation (BuTrans) <i>Resubmission</i>	Napp Pharmaceuticals Ltd	Central nervous system	NOT RECOMMENDED: for the treatment of severe opioid responsive pain conditions, which are not adequately responding to non-opioid analgesics. In the patient population considered in this submission, severe osteoarthritis pain in elderly patients whose pain is not adequately controlled by non-opioid analgesics, or for whom other analgesics are not suitable, buprenorphine transdermal 7-day patch was superior to placebo and similar in efficacy to World Health Organisation (WHO) 'Step 2' analgesic comparator agents. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by the SMC.
288/06	paricalcitol, 5 micrograms/ml and 10 micrograms/ml solution for injection (Zemlar) <i>Resubmission</i>	Abbott Laboratories	Nutrition and blood	NOT RECOMMENDED: for the prevention and treatment of secondary hyperparathyroidism in patients with chronic renal failure undergoing haemodialysis. The benefits and adverse effects of paricalcitol are similar to another vitamin D analogue with which it has been compared. The manufacturer did not present a sufficiently robust economic case to gain acceptance by SMC.
334/06	lidocaine 5% medicated plaster (Versatis) <i>Resubmission</i>	Grunenthal GmbH	Central nervous system	RESTRICTED: for the treatment of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia). There are only limited comparative data available for lidocaine plasters, the comparative clinical effectiveness remains unclear. It is restricted to use in patients who are intolerant of first-line systemic therapies for post-herpetic neuralgia or where these therapies have been ineffective.
342/07	pemetrexed, 500mg vial of powder for solution for intravenous infusion (Alimta) <i>Resubmission</i>	Eli Lilly and Company Limited	Malignant disease and immunosuppressant	RESTRICTED: as monotherapy for the second-line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) other than predominantly squamous cell histology. It is restricted to use in patients with good performance status who would otherwise be eligible for treatment with docetaxel. In a retrospective unplanned subgroup analysis of a study comparing pemetrexed with another agent used in the second line treatment of NSCLC, treatment with pemetrexed resulted in an additional median survival of 1.3 months in patients with a non-squamous histology.
361/07	dexrazoxane 500mg vial of powder for intravenous infusion (Savene) <i>Resubmission</i>	TopoTarget A/S	Musculoskeletal and joint diseases	NOT RECOMMENDED: for the treatment of anthracycline extravasation. Data from non-comparative, open-label phase II/III studies indicate that administration of dexrazoxane is associated with a relatively low rate of surgery and adverse sequelae following extravasation of anthracyclines. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC and in addition the justification of the treatment's cost in relation to its health benefits was not sufficient.

SMCNo.	Product	Company	BNF Category	Advice
385/07	<p>imiquimod 5% cream (Aldara)</p> <p><i>Resubmission</i></p>	Meda Pharmaceuticals Ltd	Skin	RESTRICTED: for the 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. It should be restricted to use in patients after specialist advice. Imiquimod was more effective than vehicle in clearing actinic keratosis lesions.
394/07	<p>levetiracetam, 250, 500, 750 and 1000mg tablets and levetiracetam oral solution 100mg/ml (Keppra)</p> <p><i>Resubmission</i></p>	UCB Pharma Limited	Central nervous system	ACCEPTED: as adjunctive therapy in the treatment of partial onset seizures with or without secondary generalisation in children from 4 years of age with epilepsy. In the pivotal study, addition of levetiracetam to existing anticonvulsant therapy achieved a greater reduction in partial seizure frequency than addition of placebo.
395/07	<p>levetiracetam, 250, 500, 750 and 1000mg tablets and levetiracetam oral solution 100mg/ml (Keppra)</p> <p><i>Resubmission</i></p>	UCB Pharma Limited	Central nervous system	ACCEPTED: as adjunctive therapy in the treatment of myoclonic seizures in adults and adolescents from 12 years of age with Juvenile Myoclonic Epilepsy. In the pivotal study, addition of levetiracetam to existing anticonvulsant therapy was more effective than addition of placebo in reducing the number of days on which myoclonic seizures occurred.
396/07	<p>levetiracetam, 250, 500, 750 and 1000mg tablets and levetiracetam oral solution 100mg/ml (Keppra)</p> <p><i>Resubmission</i></p>	UCB Pharma Limited	Central nervous system	ACCEPTED: as adjunctive therapy in the treatment of primary generalised tonic-clonic seizures in adults and adolescents from 12 years of age with generalised idiopathic epilepsy. In the pivotal study, addition of levetiracetam to existing anticonvulsant therapy achieved a significantly greater reduction in the frequency of primary generalised tonic-clonic seizures than addition of placebo.
397/07	<p>levetiracetam 250, 500, 750 and 1000mg tablets and levetiracetam oral solution 100mg/ml (Keppra)</p> <p><i>Resubmission</i></p>	UCB Pharma Limited	Central nervous system	RESTRICTED: as monotherapy in the treatment of partial onset seizures with or without secondary generalisation in patients from 16 years of age with newly diagnosed epilepsy. Levetiracetam has been shown to be non-inferior to an older first choice anti-epileptic drug for partial seizures. Levetiracetam is significantly more expensive than traditional drugs so its use is restricted to patients for whom the range of traditional drugs normally used for first-line treatment are ineffective or unsuitable.

advice full submissions/resubmissions

SMCNo.	Product	Company	BNF Category	Advice
416/07	rufinamide, 100mg, 200mg and 400mg tablets (Inovelon) <i>Resubmission</i>	Eisai Limited	Central nervous system	RESTRICTED: as adjunctive therapy in the treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients four years and older. Adjunctive rufinamide significantly reduced the frequency of total seizures and tonic-atonic seizures and significantly improved seizure severity when compared to placebo in patients with LGS. Rufinamide is restricted to use in patients who have failed treatment with or are intolerant of alternative traditional antiepileptic drugs.
434/07	clobetasol propionate 0.05% shampoo (Etrivex) <i>Resubmission</i>	Galderma (UK) Limited	Skin	ACCEPTED: for the topical treatment of moderate scalp psoriasis in adults. Comparison of clobetasol propionate 0.05% shampoo to another clobetasol formulation demonstrated non-inferiority and costs are similar.
438/08	telbivudine, 600mg film- coated tablets (Sebivo)	Novartis Pharmaceuticals UK Limited	Infections	ACCEPTED: for the treatment of chronic hepatitis B in adult patients with compensated liver disease and evidence of viral replication, persistently elevated serum alanine aminotransferase levels and histological evidence of active inflammation and/or fibrosis. For a number of therapeutic endpoints telbivudine proved to be equivalent or superior to a comparator nucleoside reverse transcriptase inhibitor.
439/08	fondaparinux sodium 2.5mg/0.5ml pre-filled syringe for injection (Arixtra)	GlaxoSmithKline	Cardiovascular system	ACCEPTED: for the treatment of ST segment elevation myocardial infarction (STEMI) in patients who are managed with thrombolytics or who initially are to receive no other form of reperfusion therapy. Fondaparinux significantly reduced mortality and reinfarction during the 30 days following onset of symptoms compared to placebo and was not associated with an increased risk of bleeding.
440/08	nilotinib, 200mg capsules (Tasigna)	Novartis Pharmaceuticals UK Ltd	Malignant disease and immuno- suppression	RESTRICTED: for treatment of chronic phase Philadelphia chromosome positive chronic myelogenous leukaemia (CML) in adult patients resistant to or intolerant of at least one prior therapy including imatinib. It should be restricted to use in patients who are in the chronic phase of the disease. The manufacturer has not made a submission for use in the accelerated phase. As a result we cannot recommend its use within NHSScotland.
441/08	lenalidomide, 5mg, 10mg, 15mg and 25mg capsules (Revlimid)	Celgene Europe Limited	Malignant disease and immuno- suppression	NOT RECOMMENDED: in combination with dexamethasone for the treatment of multiple myeloma in patients who have received at least one prior therapy. Lenalidomide plus dexamethasone significantly increased the time to disease progression compared with dexamethasone alone in multiple myeloma patients who had been treated with at least one prior therapy. The manufacturer did not present a sufficiently robust case and in addition the manufacturer's justification of the treatment's cost in relation to its health benefits was not sufficient to gain acceptance by SMC. The licence holder has indicated their intention to resubmit. <i>Resubmission pending</i>

SMCNo.	Product	Company	BNF Category	Advice
446/08	diclofenac, 75mg/2ml of solution for intravenous injection (Dyloject)	Javelin Pharmaceuticals UK Ltd	Central nervous system	RESTRICTED: for the treatment or prevention of post-operative pain by intravenous injection, in supervised healthcare settings. When given as an intravenous bolus, it showed non-inferiority to a comparator non-steroidal anti-inflammatory drug infusion at providing pain relief over an initial 4 hour period and caused less thrombophlebitis. The manufacturer's submission related only to intravenous use of diclofenac (Dyloject) in the post-operative setting. SMC cannot recommend its use by the intramuscular route.
447/08	zoledronic acid, 5mg solution for infusion (Aclasta)	Novartis Pharmaceuticals UK Limited	Endocrine system	RESTRICTED: 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.
448/08	infliximab 100mg powder for concentrate for solution for Infusion, (Remicade)	Schering-Plough	Gastro-intestinal system	ACCEPTED: for the treatment of severe, active Crohn's disease, in paediatric patients aged 6 to 17 years, who have not responded to conventional therapy including a corticosteroid, an immunomodulator and primary nutrition therapy; or who are intolerant to or have contraindications for such therapies. In an open label study 88% of patients had a clinical response following the induction regimen and this was maintained at one year in significantly more patients receiving infliximab every 8 weeks compared with every 12 weeks.
449/08	daptomycin, 350mg and 500mg vials of powder for solution for infusion (Cubicin)	Novartis Pharmaceuticals UK Limited	Infections	RESTRICTED: for the treatment of Staphylococcus aureus bacteraemia (SAB) when associated with right-sided infective endocarditis (RIE) or with complicated skin and soft-tissue infections in adults. Daptomycin should be restricted to use in patients with known or suspected methicillin-resistant S. aureus (MRSA) infection and on the advice of local microbiologists or specialists in infectious disease. Daptomycin has been shown to be as effective as standard therapy in patients with S. aureus bacteraemia with or without endocarditis, though data on the subgroup of patients with RIE due to MRSA are very limited. Daptomycin has a higher acquisition cost than some alternative treatments; it does not, however, require therapeutic drug monitoring.
450/08	salmeterol/ fluticasone 50/500 micrograms inhaler (Seretide 500 Accuhaler) <i>Resubmission</i>	GlaxoSmithKline	Respiratory system	NOT RECOMMENDED: for the symptomatic treatment of patients with chronic obstructive airways disease (COPD) with a forced expiratory volume in 1 second (FEV1) 50% to <60% predicted normal (pre-bronchodilator) and a history of repeated exacerbations, who have significant symptoms despite regular bronchodilator therapy. While there were improvements in lung function tests and reductions in moderate exacerbations with the salmeterol/fluticasone combination compared to placebo and to salmeterol alone, there were no significant differences in mortality rates over 3 years. In addition, the manufacturer did not present a sufficiently robust economic case to gain acceptance by SMC.

advice full submissions/resubmissions

SMCNo.	Product	Company	BNF Category	Advice
452/08	trabectedin 0.25 mg, 1 mg powder for concentrate for solution for infusion (Yondelis)	Pharma Mar, S.A.	Malignant disease and immuno- suppression	NOT RECOMMENDED: for the treatment of patients with advanced soft tissue sarcoma after failure of anthracyclines and ifosfamide or who are unsuited to receive these agents. Efficacy data are based mainly on liposarcoma and leiomyosarcoma patients. In a phase II randomised study in patients with advanced leiomyosarcoma and liposarcoma in which two trabectedin dose schedules were used, the licensed schedule was superior to the alternative one for the primary endpoint, time to progression. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.
453/08	paliperidone 3, 6 and 9mg prolonged release tablets (Invega)	Janssen-Cilag	Central nervous system	NOT RECOMMENDED: for the treatment of schizophrenia. Paliperidone has been shown to be superior to placebo in reducing symptoms of schizophrenia. However, there are limited statistical comparative data versus other atypical antipsychotics. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.
454/08	nelarabine, 5mg/ml solution for infusion (Atriance)	GlaxoSmithKline UK	Malignant disease and immuno- suppression	RESTRICTED: for the treatment of patients with T-cell acute lymphoblastic leukaemia (T-ALL) and T-cell lymphoblastic lymphoma (TLBL) whose disease has not responded to, or has relapsed following, treatment with at least two chemotherapy regimens. It is restricted to patients in whom nelarabine is being used as a treatment to bridge to allogeneic stem cell transplant and restricted to use by specialists in haematology. It is not cost-effective when used for palliation.
455/08	methoxy polyethylene glycol-epoetin beta, for injection (Mircera)	Roche	Nutrition and blood	ACCEPTED: for treatment of anaemia associated with chronic kidney disease. Clinical studies have demonstrated the efficacy of methoxy polyethylene glycol-epoetin beta in correcting and maintaining haemoglobin levels for up to a year in dialysis patients, when administered by either the subcutaneous or intravenous route. Non-inferiority to other erythropoiesis stimulating agents, with respect to achieving and maintaining haemoglobin levels, was demonstrated.
458/08	maraviroc, 150 mg and 300 mg tablets (Celsentri) <i>Resubmission</i>	Pfizer Ltd	Infections	NOT RECOMMENDED: in combination with other antiretroviral medicinal products, for treatment-experienced adult patients infected with only CCR5-tropic HIV-1 detectable. When added to optimised background therapy, maraviroc was associated with a significant reduction in viral load compared with addition of placebo in heavily pre-treated patients. However, the manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.
461/08	raltegravir, 400mg film-coated tablet (Isentress)	Merck, Sharp and Dohme Limited	Infections	RESTRICTED: in combination with other antiretroviral medicinal products for the treatment of Human Immunodeficiency Virus (HIV-1) infection in treatment experienced adult patients with evidence of HIV-1 replication despite ongoing antiretroviral therapy. It is restricted to patients with triple class resistant HIV-1 infection. Addition of raltegravir to optimised background therapy in treatment experienced patients with documented resistance to at least one drug in each of the three HIV antiviral classes, significantly increased the number of patients achieving clinically significant reductions in viral load.

SMCNo.	Product	Company	BNF Category	Advice
462/08	aliskiren, 150mg and 300mg film-coated tablets (Rasilez)	Novartis Pharmaceuticals UK Ltd	Cardiovascular system	NOT RECOMMENDED: for the treatment of essential hypertension. Aliskiren has shown comparable efficacy to other antihypertensive agents in terms of blood pressure reduction, though its effects on mortality and long-term morbidity are currently unknown. The manufacturer did not present a sufficiently robust clinical or economic analysis to gain acceptance by SMC for the position sought.
463/08	ferric carboxymaltose, 100mg/2ml and 500mg/10ml solution for Injection /infusion (Ferinject)	Syner-Med (PP) Ltd	Nutrition and blood	NOT RECOMMENDED: for the treatment of iron deficiency when oral preparations are ineffective or cannot be used. The proportion of haemodialysed patients achieving a target increase in haemoglobin levels was similar for this preparation and standard intravenous iron therapy. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC. Resubmission pending
464/08	clostridium botulinum neurotoxin type A, 100 unit powder for solution for injection (Xeomin)	Merz Pharma UK Ltd	Central nervous system	ACCEPTED: for the symptomatic management of blepharospasm and cervical dystonia of a predominantly rotational form (spasmodic torticollis) in adults. For both indications, a similar improvement in symptoms has been shown compared to another clostridium botulinum neurotoxin type A.
465/08	anidulafungin 100mg powder and solvent for concentrate for solution for infusion (Ecalta) <i>Resubmission</i>	Pfizer Ltd	Infections	RESTRICTED: for the treatment of invasive candidiasis in adult non-neutropenic patients. Anidulafungin has been shown to be at least as effective as an alternative antifungal in a study of patients, the majority of whom had candidaemia. Its use is restricted to patients who are unable to tolerate fluconazole or have invasive candidiasis that is resistant to fluconazole.
466/08	dabigatran etexilate, 75mg and 110mg hard capsules (Pradaxa)	Boehringer Ingelheim Ltd	Cardiovascular system	ACCEPTED: for the primary prevention of venous thromboembolic events (VTE) in adult patients who have undergone elective total hip replacement surgery or total knee replacement surgery. In two large phase III studies, in patients undergoing either total knee or total hip replacement surgery, dabigatran was non-inferior to low molecular weight heparin in the incidence of VTE and all cause mortality with patients having a similar incidence of major bleeding events. The two drugs have similar costs per dose but dabigatran has lower administration costs and is an oral therapy. This may facilitate longer duration of thromboprophylaxis, however the risks and benefits of this longer treatment duration need to be considered on a case-by-case basis.
467/08	epoetin zeta, solution for injection in pre-filled syringe (Retacrit)	Hospira UK Limited	Nutrition and blood	ACCEPTED: for treatment of anaemia associated with chronic renal failure in adult and paediatric patients on haemodialysis and adult patients on peritoneal dialysis and for treatment of severe anaemia of renal origin accompanied by clinical symptoms in adult patients with renal insufficiency not yet undergoing dialysis. Clinical studies in adult haemodialysis patients have demonstrated equivalence in correcting and maintaining haemoglobin levels when compared to another erythropoiesis stimulating agent (ESA). Unlike other ESAs, epoetin zeta is only licensed for administration by the intravenous route.

advice full submissions/resubmissions

SMCNo.	Product	Company	BNF Category	Advice
468/08	adalimumab, 40mg solution for injection (Humira)	Abbott Laboratories Ltd	Skin	RESTRICTED: for treatment of chronic plaque psoriasis in adult patients who failed to respond to or have a contraindication to, or are intolerant to other systemic therapy including ciclosporin, methotrexate or PUVA. Its use should be restricted to patients with severe disease as defined by a total Psoriasis Area Severity Index (PASI) score of >10 and a Dermatology Life Quality Index (DLQI) of ≥10. Adalimumab improves both signs and symptoms of psoriasis and quality of life compared to placebo and an active non-biological comparator. The manufacturer presented a sufficiently robust economic case to gain acceptance by the SMC for patients with severe disease who achieve a PASI 75 response from baseline at 16 weeks. Continuation of therapy beyond 16 weeks should be carefully reconsidered in patients not responding within this time period.
469/08	bevacizumab, 100mg and 400mg vials (Avastin)	Roche	Malignant disease and immunosuppression	NOT RECOMMENDED: in combination with fluoropyrimidine-based chemotherapy for treatment of patients with metastatic carcinoma of the colon or rectum. In a randomised trial standard chemotherapy plus bevacizumab showed a small benefit over standard chemotherapy alone in terms of progression-free survival. However, the manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.
471/08	glucosamine (as hydrochloride), 625mg tablets (Alateris)	William Ransom & Son plc	Musculoskeletal and joint diseases	NOT RECOMMENDED: for relief of symptoms in mild to moderate osteoarthritis of the knee. No direct clinical trial evidence of the efficacy and safety of this specific product is available. Randomised controlled trials of other formulations of glucosamine hydrochloride indicate little or no benefit over placebo in improving symptoms in patients with osteoarthritis of the knee. In addition, the manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.
476/08	icatibant 30mg/3ml solution for subcutaneous injection in pre-filled syringes (Firazyr)	Jerini AG	Cardiovascular system	NOT RECOMMENDED: for the symptomatic treatment of acute attacks of hereditary angioedema in adults (with C1-esterase-inhibitor deficiency). Icatibant treatment resulted in symptom relief in patients suffering acute abdominal, cutaneous and/or laryngeal attacks of hereditary angioedema. However, the manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.
478/08	paricalcitol, capsules 1,2 and 4 micrograms (Zemplar)	Abbott Laboratories	Nutrition and blood	NOT RECOMMENDED: for the prevention and treatment of secondary hyperparathyroidism associated with chronic renal insufficiency (chronic kidney disease [CKD] Stages 3 and 4) patients and chronic renal failure (CKD Stage 5) patients on haemodialysis or peritoneal dialysis. The benefits and adverse effects of paricalcitol capsules compared to other vitamin D analogues have not directly been assessed. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.

SMCNo.	Product	Company	BNF Category	Advice
479/08	tenofovir disoproxil (as fumarate), 245 mg film-coated tablet (Viread)	Gilead Sciences	Infections	ACCEPTED: for the treatment of chronic hepatitis B in adults with compensated liver disease, with evidence of active viral replication, persistently elevated serum alanine aminotransferase (ALT) levels and histological evidence of active inflammation and/or fibrosis. Tenofovir has been shown to be significantly more effective than another nucleoside reverse transcriptase inhibitor in achieving a complete composite response (virological plus histological response) in a greater proportion of patients with chronic hepatitis B infection with HBeAg positive and HBeAg negative disease.
480/08	fesoterodine fumarate 4mg and 8mg prolonged release tablets (Toviaz)	Pfizer Ltd	Obstetrics, gynaecology, and urinary-tract disorders	RESTRICTED: for treatment of the symptoms (increased urinary frequency and/or urgency and/or urgency incontinence) that may occur in patients with overactive bladder syndrome. Fesoterodine is effective in reducing symptoms associated with overactive bladder syndrome without a neurological cause and was of equivalent efficacy to a comparator antimuscarinic agent in one study. Fesoterodine is associated with adverse effects typical of antimuscarinic agents used in this condition. It is restricted to second-line use as there are cheaper antimuscarinics available that would normally be used as first-line agents.
481/08	docetaxel 20 and 80mg concentrate and solvent for infusion (Taxotere)	Sanofi-aventis	Malignant disease and immunosuppression	RESTRICTED: for the induction treatment of patients with resectable locally advanced squamous cell carcinoma of the head and neck in combination with cisplatin and 5-fluorouracil. It is restricted to patients in whom induction chemotherapy is appropriate. In the pivotal study, which included patients with technically resectable disease, the docetaxel-containing induction regimen was associated with improved overall survival compared with cisplatin and 5-fluorouracil alone. SMC has previously issued advice for patients with unresectable disease and this now extends the advice to patients with resectable disease.
482/08	sorafenib, 200mg tablets (Nexavar)	Bayer Schering Pharma	Malignant disease and immunosuppression	NOT RECOMMENDED: for the treatment of hepatocellular carcinoma. In one trial in patients with advanced hepatocellular carcinoma, sorafenib was superior to placebo in terms of overall survival, but not for the time to symptomatic progression. The manufacturer's justification of the treatment's cost in relation to its benefit was not sufficient to gain acceptance by SMC.
488/08	pegylated interferon α 2b (ViraferonPeg), 50, 80, 100, 120 or 150 micrograms powder for solution for injection in pre-filled pen, in combination with ribavirin (Rebetol), 200mg capsules	Schering-Plough UK and Ireland	Malignant disease and immunosuppression	ACCEPTED: for the treatment of adult patients with chronic hepatitis C who have failed previous treatment with interferon alfa (pegylated or non-pegylated) and ribavirin combination therapy or interferon alfa (pegylated or non-pegylated) monotherapy. A sustained virologic response rate of 23% was achieved in a single arm study where relapsed or non-responding patients were treated with peginterferon α 2b and ribavirin. Re-treatment was more cost-effective with patients who had previously responded but relapsed compared to patients who did not respond to initial therapy.

advice full submissions/resubmissions

SMCNo.	Product	Company	BNF Category	Advice
489/08	rabbit anti-human thymocyte immunoglobulin, 25mg powder for solution for infusion (Thymoglobuline)	Genzyme Therapeutics Ltd	Malignant disease and immunosuppression	NOT RECOMMENDED: for prevention of graft rejection in renal transplantation. Compared with an alternative agent for induction of immunosuppression it was associated with a lower rate of acute rejection but this did not translate into improved patient or graft survival within the 12-month study period. The manufacturer has not presented a sufficiently robust economic analysis to gain acceptance by SMC. Rabbit anti-human thymocyte immunoglobulin is also licensed for the treatment of steroid resistant graft rejection in renal transplantation and for the prevention of graft rejection in heart transplantation. The manufacturer's submission related only to the prevention of graft rejection in renal transplantation. SMC cannot recommend the use of rabbit anti-human thymocyte immunoglobulin for these additional indications.
490/08	teriparatide, 750 micrograms/3ml solution for injection pre-filled pen (Forsteo)	Eli Lilly and Company Limited	Endocrine system	NOT RECOMMENDED: 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.
493/08	rituximab, 100mg and 500mg concentrate for solution for infusion (MabThera)	Roche	Malignant disease and immunosuppression	RESTRICTED: for the treatment of previously untreated patients with stage III to IV follicular lymphoma in combination with chemotherapy. Rituximab added to a number of different chemotherapy regimens produced statistically significant improvements in the primary study endpoints when compared with the chemotherapy regimens alone. Rituximab is restricted to use only by haematologists or oncologists who have expertise in treating lymphoma. It should be administered in a healthcare environment where full resuscitation facilities are available. SMC issued advice in December 2004 regarding the use of rituximab in combination with cyclophosphamide, vincristine and prednisolone (CVP) chemotherapy for the treatment of previously untreated patients with stage III to IV follicular lymphoma. The current advice extends the range of chemotherapy regimens that can be used in combination with rituximab for this indication.
494/08	alemtuzumab, 30mg/ml for concentrate for solution for infusion (MabCampath)	Bayer plc, Bayer Schering Pharma Division	Malignant disease and immunosuppression	RESTRICTED: for treatment of patients with B-cell chronic lymphocytic leukaemia (B-CLL) for whom fludarabine combination chemotherapy is not appropriate. It is restricted to use in patients with previously untreated B-CLL, with the cytogenetic abnormality 17p-deletion. Compared with an alkylating agent, alemtuzumab was associated with improved progression-free survival in patients with B-CLL. Data in patients with 17p-deletion are limited; improved survival was demonstrated in a sub-group analysis in 21 patients.

SMCNo.	Product	Company	BNF Category	Advice
497/08	micafungin 50 and 100mg powder for solution for infusion (Mycamine)	Astellas Pharma Ltd	Infections	<p>RESTRICTED: to use in the treatment of invasive candidiasis in adults, elderly, and children (including neonates). Micafungin has been shown to be non-inferior to caspofungin and liposomal amphotericin B in the treatment of patients with invasive candidiasis, the majority of whom had candidaemia and were non-neutropenic. It was effective in the treatment of both <i>C. albicans</i> and non-<i>albicans</i> <i>Candida</i> species.</p> <p>Micafungin (Mycamine) is not recommended for use within NHS Scotland for the treatment of oesophageal candidiasis in adult, elderly, and adolescent (≥ 16 years of age) patients for whom intravenous therapy is appropriate. The manufacturer did not supply any economic analysis and therefore the cost-effectiveness could not be assessed.</p> <p>Micafungin (Mycamine) is not recommended for use within NHS Scotland for prophylaxis of <i>Candida</i> infection in adults, elderly, and children (including neonates) undergoing allogeneic haematopoietic stem cell transplantation or patients who are expected to have neutropenia (absolute neutrophil count < 500 cells/μl) for 10 or more days. The manufacturer did not supply any economic analysis and therefore the cost-effectiveness could not be assessed.</p>
498/08	aripiprazole 5mg, 10mg, 15mg, 30mg tablets; 10mg, 15mg orodispersible tablets; 1mg/ml oral solution (Abilify)	Bristol-Myers Squibb Pharmaceuticals Ltd, Otsuka Pharmaceuticals (UK) Ltd	Central nervous system	<p>NOT RECOMMENDED: for the treatment of moderate to severe manic episodes in bipolar 1 disorder and for the prevention of a new manic episode in patients who experienced predominantly manic episodes and whose manic episodes responded to aripiprazole treatment. Aripiprazole demonstrated superior efficacy to placebo in reducing manic symptoms at week 3 and treatment effect comparable to lithium or haloperidol was maintained at week 12. Aripiprazole also demonstrated superior efficacy to placebo in prevention of relapse. It has not been compared to other atypical antipsychotics in this indication. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC. The licence holder has advised their intention to resubmit.</p> <p>Resubmission pending</p>
502/08	11.7mg etonogestrel/ 2.7mg ethinylestradiol vaginal ring (NuvaRing)	Schering Plough	Endocrine system	<p>NOT RECOMMENDED: for contraception. Results from two randomised phase III clinical studies indicate that the contraceptive efficacy of NuvaRing is similar to that of two combined oral contraceptives. NuvaRing produces good cycle control and is associated with high user acceptability. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.</p> <p>Resubmission pending</p>
503/08	pegylated liposomal doxorubicin, 2mg/ml concentrate for solution for infusion (Caelyx)	Schering Plough	Malignant disease and immunosuppression	<p>NOT RECOMMENDED: in combination with bortezomib for the treatment of progressive multiple myeloma in patients who have received at least one prior therapy and who have already undergone or are unsuitable for bone marrow transplant. Results from an interim analysis showed that pegylated liposomal doxorubicin plus bortezomib significantly increased the time to progression compared to bortezomib monotherapy. At the time of the interim analysis only 31% of patients in the combination arm had reached the primary endpoint. The manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC.</p> <p>Resubmission pending</p>

advice full submissions/resubmissions

SMCNo.	Product	Company	BNF Category	Advice
505/08	sitagliptin, 100mg tablet (Januvia)	Merck Sharp & Dohme Limited	Endocrine system	ACCEPTED: 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.
506/08	fosaprepitant, 115mg powder for solution for infusion (Ivemend)	Merck Sharp & Dohme Limited	Central nervous system	RESTRICTED: for the prevention of acute and delayed nausea and vomiting associated with highly emetogenic cisplatin-based cancer chemotherapy. Fosaprepitant is marginally more expensive than aprepitant. It is restricted to use in patients for whom aprepitant is indicated but the oral formulation is not appropriate. Prescribing should be initiated by hospital based specialists only. Fosaprepitant is also licensed for the prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy. As the manufacturer's submission related only to its use with highly emetogenic cancer chemotherapy, SMC cannot recommend its use in this setting.
507/08	capecitabine 150mg and 500mg tablets (Xeloda)	Roche Products Limited	Malignant disease and immunosuppression	ACCEPTED: for the treatment of metastatic colorectal cancer. The convenience of oral administration may allow changes to service delivery that have individual patient or organisational benefits, though these may be lessened when it is used in regimens whose other components require intravenous administration.
510/08	fentanyl, 100, 200, 400, 600 and 800 microgram buccal tablet (Effentora)	Cephalon UK Ltd	Central nervous system	RESTRICTED: for the treatment of breakthrough pain (BTP) in adults with cancer who are already receiving maintenance opioid therapy for chronic cancer pain. When compared with placebo, the tablets showed an improvement in patient assessment of the intensity of breakthrough pain. Use of fentanyl buccal tablets should be restricted to patients who are unsuitable for other short-acting opioids e.g. oral morphine. Prescribers should be aware of the differing absorption and elimination characteristics of available buccal fentanyl preparations; doses are not interchangeable.
511/08	ambrisentan, 5mg and 10mg tablets (Volibris)	GlaxoSmithKline	Cardiovascular system	RESTRICTED: for the treatment of patients with pulmonary arterial hypertension (PAH) classified as WHO functional class II and III, to improve exercise capacity. Efficacy has been shown in idiopathic PAH (IPAH) and in PAH associated with connective tissue disease. Data suggest that ambrisentan has a benefit/risk ratio comparable to other endothelin receptor antagonists. Non-inferiority has not been formally demonstrated as ambrisentan is an orphan drug with limited clinical evidence. Where an endothelin receptor antagonist is indicated, ambrisentan provides an alternative. It is restricted to initiation and prescribing by specialists in the Scottish Pulmonary Vascular Unit or similar specialists.

SMCNo.	Product	Company	BNF Category	Advice
516/08	bivalirudin, 250mg powder for concentrate for solution for injection or infusion (Angiox)	The Medicines Company UK Ltd	Cardiovascular system	RESTRICTED: for the treatment of adult patients with acute coronary syndromes (unstable angina/non-ST segment elevation myocardial infarction) planned for urgent or early intervention. It is restricted to use in patients who would otherwise have been considered for heparin in combination with a glycoprotein IIb/IIIa antagonist. In these patients bivalirudin monotherapy may be a suitable alternative. It should not be used as an alternative to heparin alone. Bivalirudin should be administered with aspirin and clopidogrel. Bivalirudin showed a reduced risk of bleeding compared to a heparin-based anticoagulant strategy in patients with moderate and high risk acute coronary syndromes undergoing early invasive management.
517/08	miconazole, 50mg muco-adhesive buccal tablets (Loramyc)	SpePharm UK Ltd	Infections	NOT RECOMMENDED: for the treatment of oropharyngeal candidiasis in immunocompromised patients. Miconazole muco-adhesive buccal tablets were shown to be non-inferior to another locally-acting miconazole preparation in the treatment of oropharyngeal candidiasis in patients with cancer of the head and neck who had received radiotherapy. There are no data comparing miconazole buccal tablets to treatments currently used in practice in NHS Scotland. The manufacturer did not present a sufficiently robust analysis to gain acceptance by SMC. <i>Resubmission pending</i>
518/08	methylnaltrexone 12mg in 0.6ml solution for injection (Relistor)	Wyeth Europa Limited	Gastro-intestinal system	RESTRICTED: for treatment of opioid-induced constipation in advanced illness patients who are receiving palliative care when response to usual laxative therapy has not been sufficient. It is restricted to use by physicians with expertise in palliative care. Methylnaltrexone has been shown to be superior to placebo in achieving bowel movement in terminally ill patients with opioid-induced constipation already receiving a stable laxative regimen.
519/08	rivaroxaban 10mg film-coated tablets (Xarelto)	Bayer Schering Pharma	Cardiovascular system	ACCEPTED: for the prevention of venous thromboembolism (VTE) in adult patients undergoing elective hip or knee replacement surgery. In three large phase III studies in patients undergoing either total knee or total hip replacement surgery, rivaroxaban was superior to low molecular weight heparin in reducing the incidence of VTE and all cause mortality with patients while having a similar incidence of major bleeding events.
520/08	atazanavir, 300mg capsules (Reyataz)	Bristol-Myers Squibb Pharmaceuticals Ltd	Infections	ACCEPTED: in antiretroviral treatment naïve HIV-1 infected adults in combination with other antiretroviral medicinal products. The combination of atazanavir and ritonavir was non-inferior to a standard boosted protease inhibitor regimen in treatment naïve HIV patients. The combined regimen was associated with lower incidences of diarrhoea and lipid adverse-effects and a higher incidence of hyperbilirubinaemia in this patient population.

advice full submissions/resubmissions

SMCNo.	Product	Company	BNF Category	Advice
524/08	stiripentol, 250mg hard capsules and 250mg powder for oral suspension in sachet and 500mg hard capsules and 500mg powder for oral suspension in sachet (Diacomit)	Biocodex	Central nervous system	NOT RECOMMENDED: in conjunction with clobazam and valproate as adjunctive therapy of refractory generalized tonic-clonic seizures in patients with severe myoclonic epilepsy in infancy (SMEI, Dravet's syndrome) whose seizures are not adequately controlled with clobazam and valproate. The number of responders with >50% reduction in the number of clonic (or tonic-clonic) seizures was significantly greater in SMEI patients receiving adjunctive stiripentol than in patients receiving placebo. The product did not gain acceptance by SMC as the manufacturer did not present a formal economic evaluation.
525/08	thalidomide, 50mg hard capsule (Thalidomide Pharmion)	Celgene Ltd	Malignant disease and immuno-suppression	ACCEPTED: in combination with melphalan and prednisone, as first line treatment of patients with untreated multiple myeloma, aged 65 years or over or ineligible for high dose chemotherapy. Thalidomide is prescribed and dispensed according to the Thalidomide Pharmion Pregnancy Prevention Programme. In the pivotal trial in patients aged 65 to 75 years, at 51.5 months median follow-up, the addition of thalidomide to melphalan and prednisone gave an overall survival advantage of 18.4 months.

advice abbreviated submissions

SMCNo.	Product	Company	BNF Category	Advice
442/08	efavirenz 600mg, emtricitabine 200mg, tenofovir disoproxil 245mg as fumarate (Atripla)	Bristol Myers Squibb/Gilead Sciences/ Merck Sharp & Dohme Ltd	Infections	ACCEPTED: for the treatment of human immunodeficiency virus-1 (HIV-1) infection in adults with virologic suppression to HIV-1 RNA levels of < 50 copies/ml on their current combination antiretroviral therapy for more than three months. Patients must not have experienced virological failure on any prior antiretroviral therapy and must be known not to have harboured virus strains with mutations conferring significant resistance to any of the three components contained in this fixed dose combination prior to initiation of their first antiretroviral treatment regimen. It may be used to simplify the regimen of patients for whom this combination is indicated (see above) and in whom all three agents are appropriate components at the doses provided by this fixed dose combination.
444/08	follitropin alfa 150 IU/lutropin alfa 75 IU solution for injection (Pergoveris)	Merck Serono UK	Endocrine system	ACCEPTED: for stimulation of follicular development in women with severe LH and FSH deficiency. In clinical trials, these patients were defined by an endogenous serum LH level <1.2 IU/l. It may be used in cases where the use of both of these agents, at the doses provided by this formulation, is appropriate.
445/08	mesalazine 1200mg gastro-resistant prolonged release tablet (Mezavant XL)	Shire Pharmaceuticals Limited	Gastro-intestinal system	ACCEPTED: for the induction of clinical and endoscopic remission in patients with mild to moderate, active ulcerative colitis, and for maintenance of remission. It may be used in cases where mesalazine is an appropriate choice of treatment and offers the possible advantage of once-daily administration.
456/08	insulin glargine 100 units/ml solution for injection in a pre-filled pen (Lantus SoloStar)	Sanofi-aventis	Endocrine system	RESTRICTED: 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 1 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.
457/08	insulin glulisine 100 units/ml solution for injection in a pre-filled pen (Apidra SoloStar)	Sanofi-aventis	Endocrine system	RESTRICTED: 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.

advice abbreviated submissions

SMCNo.	Product	Company	BNF Category	Advice
460/08	buserelin 9.45mg implant for subcutaneous use (Suprefact Depot)	Sanofi-aventis	Malignant disease and immuno-suppression	Reviewed by SMC. Advice withheld in confidence pending product availability.
473/08	perindopril arginine 2.5mg, 5mg, 10mg tablets (Coversyl Arginine)	Servier Laboratories Ltd	Cardiovascular system	ACCEPTED: for the treatment of essential hypertension. The 2.5mg and 5mg tablets are also accepted for treatment of symptomatic heart failure. This advice relates to patients for whom perindopril is an appropriate choice of therapy. These preparations are also licensed for the reduction of risk of cardiac events in patients with a history of myocardial infarction and/or revascularisation, however this indication has not been reviewed by SMC. The arginine salt replaces a tert-butylamine salt previously available and the 2.5mg, 5mg and 10mg arginine tablets are equivalent to the 2mg, 4mg and 8mg tert-butylamine tablets in terms of the content of perindopril base. Caution is therefore required when prescribing perindopril as the two salts are not dose equivalent. Generic preparations of the tert-butylamine salt are available at a lower cost than the proprietary preparations of perindopril.
474/08	perindopril arginine 5mg and indapamide 1.25mg tablets (Coversyl Arginine Plus)	Servier Laboratories Ltd	Cardiovascular system	ACCEPTED: for the treatment of essential hypertension in patients whose blood pressure is not adequately controlled on perindopril alone and for whom this combination is an appropriate choice of therapy. The 5mg perindopril arginine in this formulation is equivalent in terms of the content of perindopril base to the 4mg perindopril tert-butylamine contained in the formulation previously available. After review of a full submission, SMC issued advice on 8th September 2003 that the previously available formulation of perindopril, indapamide (Coversyl Plus) was recommended for general use within NHS Scotland. It produces a modest reduction in blood pressure in patients with essential hypertension uncontrolled by perindopril alone.
477/08	vildagliptin 50mg/meformin hydrochloride 850mg film coated tablets and vildagliptin 50mg/meformin hydrochloride 1000mg film coated tablets (Eucreas 50mg/850mg and 50mg/1000mg)	Novartis Pharmaceuticals UK Limited	Endocrine system	RESTRICTED: for the treatment of type 2 diabetes mellitus patients who are unable to achieve sufficient glycaemic control at their maximally tolerated dose of oral meformin alone or who are already treated with the combination of vildagliptin and meformin as separate tablets. The addition of vildagliptin to meformin 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.
491/08	ropinirole 2 mg, 4 mg, 8 mg prolonged-release tablets (Requip XL)	GlaxoSmithKline	Central nervous system	ACCEPTED: for the treatment of idiopathic Parkinson's disease in patients already taking ropinirole immediate release tablets and in whom adequate symptomatic control has been established. Substitution of ropinirole prolonged release tablets for ropinirole immediate release tablets may be used as: Monotherapy, alone (without levodopa) in idiopathic Parkinson's disease, or as: Adjunctive therapy in addition to levodopa to control 'on-off' fluctuations which might permit a reduction in the total daily dose of levodopa. Substitution of prolonged-release ropinirole for ropinirole immediate release tablets should be supervised by appropriate specialists in Parkinson's disease.

SMCNo.	Product	Company	BNF Category	Advice
492/08	sitagliptin 50 mg and metformin hydrochloride 850 mg tablets (Janumet 50/850) & sitagliptin 50 mg and metformin hydrochloride 1000 mg (Janumet 50/1000)	Merck Sharp & Dohme Ltd	Endocrine system	Reviewed by SMC. Advice withheld in confidence pending product availability.
504/08	salbutamol (as sulphate) 100 micrograms per dose as powder for inhalation (Salbulin MDPI Novolizer)	Meda Pharmaceuticals Ltd	Respiratory system	ACCEPTED: in patients with reversible airways obstruction such as asthma for relief and prevention of asthma symptoms. It may be used in patients in whom treatment with this short-acting beta agonist is appropriate and for whom delivery by a breath-activated dry powder inhaler device offers advantages over other delivery systems. It should be used to relieve asthma symptoms when they occur and to prevent symptoms in circumstances known by the patient to precipitate symptoms, for example prior to exercise or allergen exposure. It should be used for patients in whom a short-acting beta-agonist is appropriate and for whom a dry powder inhaler is an appropriate delivery device. It has a similar cost to other dry powder inhaled formulations of salbutamol.
508/08	insulin lispro 100 units/ml solution for injection in a pre-filled pen (Humalog KwikPen)	Lilly UK	Endocrine system	ACCEPTED: 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.
509/08	100 units/ml suspension for injection (Humalog Mix25 KwikPen) and insulin lispro 100 units/ml suspension for injection	Lilly UK	Endocrine system	ACCEPTED: 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.
512/08	insulin glulisine solution for subcutaneous injection 100 units/ml (Apidra)	Sanofi-aventis	Endocrine system	RESTRICTED: 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.

advice abbreviated submissions

SMCNo.	Product	Company	BNF Category	Advice
521/08	flecainide acetate capsules 200mg (Tambocor XL)	Meda Pharmaceuticals Ltd	Cardiovascular system	ACCEPTED: for the treatment of AV nodal reciprocating tachycardia, arrhythmias associated with Wolff-Parkinson-White Syndrome and similar conditions with accessory pathways; paroxysmal atrial fibrillation in patients with disabling symptoms when treatment need has been established and in the absence of left ventricular dysfunction. Arrhythmias of recent onset will respond more readily. The capsules can be used for the maintenance of normal rhythm following conversion by other means. Patients for whom the use of flecainide is appropriate and who are controlled on 200mg daily using the immediate release formulation may be transferred to one 200mg XL capsule with the benefit of once-daily rather than twice-daily dosing at reduced cost.
522/08	aripiprazole solution for intramuscular injection 7.5 mg/ml in a 9.75 mg vial (Abilify)	Bristol-Myers Squibb Pharmaceuticals Ltd	Central nervous system	ACCEPTED: for the rapid control of agitation and disturbed behaviours in patients with schizophrenia when oral therapy is not appropriate. Where aripiprazole is an appropriate antipsychotic, this new formulation provides rapid control of symptoms at an equivalent cost to solid oral dosage forms. SMC has not recommended aripiprazole for use within NHS Scotland for the treatment of manic episodes in bipolar 1 disorder. Therefore this formulation is not recommended for the rapid control of agitation and disturbed behaviours in patients with manic episodes in bipolar 1 disorder.

advice non-submissions

The holders of the marketing authorisations did not make submissions to SMC for the products listed below. Therefore, SMC cannot recommend use within NHSScotland.

SMCNo.	Product	Company	BNF Category	Advice
451/08	colesevelam hydrochloride (Cholestagel)	Genzyme Therapeutics Ltd	Endocrine system	NOT RECOMMENDED: for the treatment of - primary hypercholesterolaemia, co-administered with an HMG-CoA reductase inhibitor (statin), as adjunctive therapy to diet to provide an additive reduction in LDL-cholesterol levels in patients not adequately controlled with a statin alone - as monotherapy as adjunctive therapy to diet for reduction of elevated total and LDL-cholesterol in patients with isolated primary hypercholesterolaemia, in whom a statin is considered inappropriate or is not well tolerated.
459/08	bevacizumab (Avastin)	Roche Pharmaceuticals	Malignant disease and immuno-suppression	NOT RECOMMENDED: in combination with interferon alfa-2a for the first line treatment of patients with advanced and/or metastatic renal cell cancer.
472/08	retapamulin (Altargo)	GlaxoSmithKline UK	Skin	NOT RECOMMENDED: for the short term treatment of the following superficial skin infections: Impetigo and infected small lacerations, abrasions, or sutured wounds.
475/08	escitalopram 5, 10 and 20 mg film-coated tablets and 10 mg/ml oral drops, solution (Ciprallex)	Lundbeck Limited	Central nervous system	NOT RECOMMENDED: for the treatment of social anxiety disorder.
483/08	lidocaine 70mg/ tetracaine 70mg (Rapydan 70 mg/70 mg medicated plaster)	EUSA Pharma (Europe) Limited	Anaesthesia	NOT RECOMMENDED: for surface anaesthesia of the skin in connection with needle puncture and in cases of superficial surgical procedures (such as excision of various skin lesions and punch biopsies) on normal skin in adults; or for surface anaesthesia of the skin in connection with needle puncture on normal intact skin in children from 3 years of age.
484/08	loteprednol etabonate 0.5% 5mg/ml (Lotemax 0.5% eye drops, suspension)	Bausch & Lomb GmbH	Eye	NOT RECOMMENDED: for the treatment of post-operative inflammation following ocular surgery.
485/08	bosentan 62.5mg, 125mg film coated tablets (Tracleer)	Actelion Pharmaceuticals UK	Cardiovascular system	NOT RECOMMENDED: to reduce the number of new digital ulcers in patients with systemic sclerosis and ongoing digital ulcer disease.
486/08	panitumumab 20mg/ml concentrate for solution for infusion (Vectibix)	Amgen Ltd	Malignant disease and immuno-suppression	NOT RECOMMENDED: as monotherapy for the treatment of patients with EGFR expressing metastatic colorectal carcinoma with non-mutated (wild-type) KRAS (Kirsten rat sarcoma 2 viral oncogene homologue) after failure of fluoropyrimidine -, oxaliplatin -, and irinotecan - containing chemotherapy regimens.

advice non-submissions

SMCNo.	Product	Company	BNF Category	Advice
487/08	teriparatide 20 micrograms/80 microlitres, solution for injection, in prefilled pen (Forsteo)	Eli Lilly and Company Limited	Endocrine system	NOT RECOMMENDED: for the treatment of osteoporosis associated with sustained systemic glucocorticoid therapy in women and men at increased risk for fracture.
499/08	ibritumomab tiuxetan 1.6mg/ml (Zevalin)	Bayer plc	Malignant disease and immunosuppression	NOT RECOMMENDED: as consolidation therapy after remission induction in previously untreated patients with follicular lymphoma.
500/08	melatonin 2mg prolonged-release tablets (Circadin)	Lundbeck Limited	Central nervous system	NOT RECOMMENDED: for use within NHS Scotland as monotherapy for the short-term treatment of primary insomnia characterized by poor quality of sleep in patients who are aged 55 or over.
501/08	venlafaxine (Efexor XL)	Wyeth Pharmaceuticals	Central nervous system	NOT RECOMMENDED: for the treatment of moderate to severe generalised social anxiety disorder/social phobia in adults.
513/08	cinacalcet 30mg, 60mg & 90mg (Mimpara)	Amgen Ltd	Endocrine system	NOT RECOMMENDED: 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.
514/08	duloxetine (Cymbalta) 30mg & 60 mg hard gastro-resistant capsules	Eli Lilly and Company Limited	Central nervous system	NOT RECOMMENDED: for the treatment of generalised anxiety disorder.
523/08	bosentan 62.5mg, 125mg film-coated tablets (Tracleer)	Actelion Pharmaceuticals UK Ltd	Cardiovascular system	NOT RECOMMENDED: for the treatment of pulmonary arterial hypertension (PAH) WHO functional class II.
535/08	zoledronic acid 5mg/100ml solution for infusion (Aclasta)	Novartis Pharmaceuticals UK Ltd	Musculoskeletal and joint diseases	NOT RECOMMENDED: for the treatment of osteoporosis in men at increased risk of fracture, including those with a recent low-trauma hip fracture.

advice deferred from 2007

The products listed below were reviewed by SMC in 2007. However, advice was withheld in confidence pending product availability.

SMCNo.	Product	Company	BNF Category	Advice
433/07	quetiapine 50mg, 200mg, 300mg and 400mg prolonged- release tablet (Seroquel XL) <i>ABBREVIATED SUBMISSION</i>	AstraZeneca UK Ltd	Central nervous system	ACCEPTED: for the treatment of schizophrenia and manic episodes associated with bipolar disorder. It is suitable for patients in whom quetiapine is an appropriate choice of antipsychotic. For equivalent doses it has similar or lower costs compared to immediate-release quetiapine.
435/07	vildagliptin (Galvus) <i>FULL SUBMISSION</i>	Novartis Pharmaceuticals UK Ltd	Endocrine system	RESTRICTED: 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.

horizon scanning

The horizon scanning function, introduced in 2005, is now an established element of SMC's remit. The aim is to improve financial planning at Health Board level through the provision of early intelligence on new medicines in development. The horizon scanning team, comprising pharmacists and management accountants, gathers intelligence on these medicines through engagement with clinical specialists across Scotland as well as the pharmaceutical industry. The annual horizon scanning report, entitled Forward Look, is issued to Health Boards each October.

Four Forward Look reports have been produced to date, featuring medicines expected to become available for use in the following 12 to 18 months with the potential to have a moderate to high net impact on the drug budget and/or significant implications for service delivery. The report includes an estimate of uptake of the new medicine in the target population and the corresponding potential budget impact in years 1 and 5. The budget impact estimates take account of the anticipated costs and savings associated with the new medicine; for example, this might involve offsetting the costs of a displaced medicine or adding the costs of any additional treatment monitoring required.

Due to the commercial in confidence nature of the content, Forward Look reports are sent in strict confidence to named Health Board personnel including those involved in horizon scanning or financial planning. A Code of Practice giving guidance on how the report may be used is also sent to all recipients and, to highlight the importance of confidentiality, all recipients are required to sign and observe a confidentiality agreement. Health Board Directors of Finance also receive a set of summary financial spreadsheets that can be adapted locally as required.

During 2008 the horizon scanning team continued to strengthen its partnership working and engagement with the pharmaceutical industry. A joint ABPI/SMC master-class in horizon scanning held in March 2008 was highly successful. In addition, a guidance document on the horizon scanning process has been produced and will be made available on the SMC website. It is hoped that this will support partnership working with the pharmaceutical industry as well as improve understanding of the horizon scanning process at Health Board level. There has been a notable improvement in the usefulness of the horizon scanning data provided by pharmaceutical companies.

Four Forward Look reports have been produced to date, featuring medicines expected to become available for use in the following 12 to 18 months with the potential to have a moderate to high net impact on the drug budget and/or significant implications for service delivery.

In response to feedback from Health Boards, the horizon scanning team has been working to improve the methods used to generate budget impact estimates. A Short Life Working Group has been established to review the relevant processes to enable consistency in the standard and presentation of budget impact information. This should help maximise the usefulness of the resultant estimates for NHS resource planning.

Other key priorities for 2009 include:

- Exploration of the potential usefulness of the modeling tool, C-PORT (Chemotherapy Planning Oncology Resource Tool), in the context of horizon scanning to help improve planning for the incorporation of new cancer treatments and regimens in the future.
- Full consideration of the implication of the Pharmaceutical Price Regulation Scheme (PPRS) for SMC horizon scanning processes.
- Complete the development and implementation of a new SMC horizon scanning database and continued engagement and support for the development of a national horizon scanning database as outlined in the Department of Health and ABPI report, Ministerial Industry Strategy Group - Long-Term Leadership Strategy (2007).

Anne Lee, Principal Pharmacist, SMC

SMC Horizon Scanning Team

Joanne Andrew, Senior Pharmacist, NHS Greater Glasgow and Clyde

Dave Carson, Financial Controller, Service Development, NHS Tayside

Susan Donnelly, Senior Pharmacist, Scottish Medicines Consortium

Ruth Ford, Administrator, Scottish Medicines Consortium

Gail Gilbert, Acting Principal Pharmacist, Scottish Medicines Consortium

Sharon Hems, Acting Principal Pharmacist, Scottish Medicines Consortium

Anne Lee, Principal Pharmacist, Scottish Medicines Consortium

Pauline O'Connor, Senior Pharmacist, NHS Greater Glasgow and Clyde

Alex Robertson, Commissioning Officer, NSS National Services Scotland

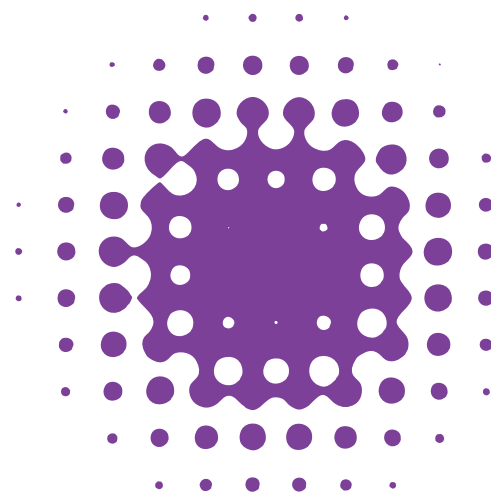
SMC evaluation

The SMC evaluation programme is a collaboration between the SMC, National Medicines Utilisation Unit, Information Services Division, National Services Scotland and NHS Quality Improvement Scotland. The results of the first phase of the SMC evaluation programme were presented at the SMC Conference, September 2008. This first phase focussed on three key elements:

- Evaluation of the impact on, and engagement with, key stakeholders
- Assessment of SMC decisions on medicine utilisation across NHSScotland
- Assessment of manufacturer's budget impact forecasts

Stakeholder engagement: SMC is a consortium of stakeholders from NHS boards and Area Drug and Therapeutics Committees (ADTCs) with representation from public partners and the pharmaceutical industry. An evaluation was undertaken to describe how SMC has impacted on NHS boards in their assessment of new medicines and the view of key stakeholders. This involved a review of reports and publicly available information and workshops to explore successes, challenges and potential for improving engagement with SMC. The Scottish Centre for Social Research (ScotCen) was commissioned to undertake a survey of public partner organisations. The results demonstrated a clear evolution in the evaluation and implementation of new medicines by ADTCs across NHSScotland, with SMC now recognised as a credible source of timely advice. SMC was shown to have engaged effectively with ADTCs and industry, although effective engagement with public partners remains a challenge.

Medicines utilisation: SMC advice issued between January 2002 and December 2005 (207 medicines) was reviewed to identify medicines for which NHSScotland utilisation data were available, and a 'medicine profile' produced summarising medicines utilisation. National medicine utilisation data for primary care medicines (61 medicines), were obtained through PRISMS (PRescribing Information System for Scotland); for hospital medicines (13 medicines), data were obtained from hospital pharmacies and manufacturers. A qualitative review of the medicine profiles identified factors that may explain patterns of medicine use. The investigation confirmed the challenges in providing hospital medicine utilisation data due to the absence of a national data source for hospital medicines. However, where sufficiently robust data were available from both sources, industry and hospital data showed similar trends.



A detailed case study of etanercept for psoriatic arthritis (designated by SMC as a unique medicine) showed that the SMC etanercept protocol, issued to support national implementation, has largely been followed by NHS boards.

Budget forecasts: an analysis was undertaken to assess the reliability of budget impact estimates for a sample of medicines (28 medicines), combined with a focus group to gain an understanding of how NHS boards use this information. Effective financial planning is critical to the managed entry of new medicines and this was supported by the findings which showed that budget impact information was valued by NHS boards. The analysis, however, revealed weaknesses in the quality of the budget impact information provided to SMC by the pharmaceutical industry, which meant that meaningful comparisons of the estimates with actual expenditure could not be made nor the reliability of manufacturers' estimates determined.

The SMC evaluation programme has provided direction for an evidence-based plan to develop further the assessment, implementation and monitoring of new medicines in NHSScotland:

- Information gathered from public partners is informing the work of the SMC Patient and Public Involvement Group (PAPIG).
- Factors identified from the medicine profiles have provided a number of areas where action can be taken to further facilitate effective use and monitoring of medicines.
- A working group has been established to investigate how budget impact information can be improved.

A Summary Report plus further detailed reports and medicine profiles are available on the SMC website (www.scottishmedicines.org.uk). The evaluation programme is now established as a core element of SMC's work, and the phase 2 programme of work is evolving.

Marion Bennie, Chief Pharmaceutical Adviser,
NHS National Services Scotland



Evaluation project team

Marion Bennie, Chief Pharmaceutical Adviser, NHS National Services Scotland

Corri Black, Senior Clinical Lecturer in Public Health Medicine, University of Aberdeen

Vicky Cairns, Project Administrator, NHS National Services Scotland

Sharon Hems, Principal Pharmacist, NHS National Services Scotland

Laura McIver, Chief Pharmaceutical Adviser, Scottish Medicines Consortium

Joy Nicholson, Pharmacist, NHS National Services Scotland

Samuel Oduro, Senior Analyst, NHS National Services Scotland

Rupert Payne, Lecturer in Clinical Pharmacology and Therapeutics, University of Edinburgh

Bill Ramsay, Project Manager/Senior Analyst, NHS National Services Scotland

SMC Patient and public involvement group (PAPIG)

During 2008 SMC received 33 Patient Interest Group disease specific submissions in support of 24 of the new medicines considered. 50% of these submissions received an accepted or accepted with restriction decision from SMC.



During 2008, three members of PAPIG retired with the thanks of the Consortium, having completed their terms of office. Three new members have joined and the fourth replacement is being actively sought.

Raising awareness of SMC and its Public Involvement arm remains a high priority for PAPIG and a new information document, explaining the procedure for approval for medicines and the reason why some are not approved has been published on the SMC Website. The same document has been sent to the Directors of Public Involvement and Community Health Partnership Managers in all of Scotland's Health Boards, plus all of the Patient Interest Groups on the SMC database to re-publicise and stimulate interest from potentially more Patient Interest Groups, to encourage them to make submissions for medicines that are of interest to their members.

PAPIG delivered a presentation at the SMC Conference - "Looking Back, Looking Forward" in September. This presentation explained the role of PAPIG, its achievements to date and its future objectives.

The members of PAPIG continue to act as advocates for the needs of patients and their carers; by bringing a different perspective to the evaluation of new medicines; ensuring that social, economic and quality of life issues are brought to the discussions on the evaluation of new medicines. PAPIG continues to encourage Patient Interest Groups to observe SMC at its monthly deliberations. Future plans include an offer of training to support Patient Interest Groups in the preparation of submissions and particular help for the smaller, less well resourced groups.

Patient Interest Groups who made submissions to SMC in 2008:

Action for Dystonia, Diagnosis,
Education and Research
Action on Pain
Anticoagulation Europe
Beating Bowel Cancer
Bowel Cancer UK
British Lung Foundation
Dystonia Society
Epilepsy Scotland
Hepatitis B Foundation UK
Highland Hospice
HIV Scotland (2)
Leukaemia CARE
Lymphoma Association
Marie Curie Cancer Care
Myeloma UK (4)
National Kidney Federation
National Osteoporosis Society (2)
Pain Association Scotland
Pain Concern (2)
Psoriasis Scotland/Psoriasis Scotland
Arthritis Link Volunteers
Rare Cancers Forum (4)
Roy Castle Lung Cancer Foundation (2)
Sarcoma UK

The total number of Patient Interest Group submissions since 2003 has now reached 150.

PAPIG would like to acknowledge the continued support shown to them by SMC and the Secretariat.

Sheila Tunstall-James
on behalf of PAPIG

PAPIG Membership

Mrs Sheila Tunstall-James, Public Partner (*Chair*)
Ms Margo Biggs, Public Partner (*from March 2008*)
Dr Andrew Power, SMC Member (*from June 2008*)
Mr Andrew Powrie-Smith, ABPI, SMC Member (*from June 2008*)
Mr Keith Thompson, Public Partner (*from March 2008*)
Mrs Pat Murray, SMC Member (*to August 2008*)
Mrs Wendy Nganasurian, Public Partner (*to March 2008*)
Mr Mike Wallace, ABPI, SMC Member (*to March 2008*)

SMC user group forum (SMC UGF)

The SMC User Group Forum (SMC-UGF) is an example of an excellent partnership between the pharmaceutical industry and NHSScotland. It provides a forum for experts from both parties to discuss and develop SMC processes and methods in a reactive, but also a proactive manner. The industry welcomes such an opportunity for dialogue and is well represented by a range of companies, both large and small.

The User Group has had a busy year with various initiatives completed while others have been initiated. The following outlines some of the highlights:

Abbreviated Submissions for Paediatric formulations: agreement was reached on the criteria and content of such submissions for products already approved for use in adults, and this option is now fully implemented. This development is supportive of European initiatives to encourage and support new medicines for paediatric use.

Review of SMC Decisions over Time: an analysis of SMC decisions over the last 6 years has demonstrated that, once non-submissions and abbreviated submissions are excluded, the rate of 'accepted for use' decisions has stayed approximately constant. However, there appear to be some differences between disease areas which will be further investigated in 2009. In addition, there will be more focus on better understanding and potentially reducing the rate of non-submissions.

Quality of Submissions: there is a continuous need to monitor and review submission quality, in order to extract lessons and communicate with Industry as appropriate. Members of the User Group have thus been actively working to broaden the understanding of the SMC needs within Industry. Presentations have been made to some of the smaller member companies, and more effort will focus on this area in 2009.

There will be many more challenges in 2009. The recent publication of a revised PPRS, including a significant new section of flexible pricing and patient access schemes, needs to be absorbed and implemented as relevant across the UK.

There will be many more challenges in 2009. The User Group will assess how SMC applications for biosimilar products should be managed and will investigate how we can improve the accuracy and usefulness of estimates of the budget impact for new medicines.

The recent publication of a revised Pharmaceutical Price Regulation Scheme, including a significant new section on flexible pricing and patient access schemes, needs to be absorbed and implemented as relevant across the UK. There will be increased focus, as a result, on patient access schemes and on health technology assessment methodologies, in particular those related to evaluating 'value'. Should a wider range of dimensions be brought into this evaluation (eg social costs)?

As a newcomer to the position of Chair of the SMC-UGF, I am very impressed at the level of trust and common understanding which clearly exists amongst members of the Group, which is instrumental in ensuring that SMC continues to evolve in a manner which ultimately helps ensure appropriate access to new medicines for Scottish patients. I would like to thank my predecessor, Mike Wallace, and present and past members of the UGF for having brought it so far, and we will ensure the partnership continues.

Dr Frances Macdonald
Chairman, SMC UGF

Membership of SMC UGF

Dr Frances Macdonald, ABPI, Chairman (*from April 2008*)
Mr Phil Booth, Sanofi-aventis
Ms Liz Cook, Celgene (*to October 2008*)
Mr Mark Cook, UCB Group (*to December 2008*)
Ms Julia Earnshaw, GlaxoSmithKline
Ms Sophie Hadlow, AstraZeneca
Mr Andy Hockey, Lundbeck
Ms Moira Howie, Eli Lilly
Ms Karen Jewitt, Novartis
Ms Sheena Kerr, New Drugs Committee

Mrs Anne Lee, Principal Pharmacist, Horizon Scanning, SMC
Mrs Laura McIver, Chief Pharmaceutical Adviser, SMC
Miss Rosie Murray, Secretariat, SMC
Mr Andrew Powrie-Smith, ABPI (Scotland) (*from April 2008*)
Ms Inger Smith, NovoNordisk
Ms Diane Thompson, Wyeth (*from April 2008*)
Ms Angela Timoney, SMC Member
Dr Andrew Walker, Economic Assessor, NDC
Mr Mike Wallace, ABPI (*to March 2008*)

Scottish Antimicrobial Prescribing Group (SAPG)

The Scottish Antimicrobial Prescribing Group, hosted by the Scottish Medicines Consortium, was formed in March 2008 by the Scottish Government Health Department following publication of the Scottish Management of Antimicrobial Resistance Action Plan (ScotMARAP). SAPG is a national clinical multi-disciplinary forum with representation from all key stakeholders including all mainland Health Boards. The primary objective of SAPG is to coordinate and deliver a national framework for antimicrobial stewardship to enhance the quality of antimicrobial prescribing and management in Scotland. The group is chaired by Professor Dilip Nathwani, Consultant in Infectious Diseases, NHS Tayside, and SMC have appointed a Principal Pharmacist as Project Lead and a Project Officer to support this work.

SAPG will achieve its objectives via four work streams:

Organisation and structure lead by NHS Quality Improvement Scotland will ensure that NHS Boards establish and maintain the necessary infrastructure for effective antimicrobial stewardship.

Information lead by Information Services Division and Health Protection Scotland will develop national datasets for prescribing and surveillance across primary and secondary care to inform NHS Boards about antimicrobial usage and antimicrobial resistance.

Education lead by National Education Scotland will develop undergraduate and postgraduate multidisciplinary education to support antimicrobial prescribing and infection management.

Infection management lead by clinicians will improve the use of antimicrobials via development of guidance on prescribing policies, quality improvement initiatives, development of prescribing indicators and Care bundles.

Progress to date:

- National SMC/SAPG road show to all NHS Boards to increase awareness and engagement with programme objectives.
- Scottish Government Health Department support - CEL 30(2008) issued to Health Board Chief Executives on 8th July 2008, and included additional funding for Antimicrobial Pharmacists.
- Guidance on restrictive antibiotic policy to help control Clostridium Difficile Associated Disease and Clostridium Difficile Associated Disease management protocol.
- Establishment of AMT national network supported by regular training events.
- Engagement with national pneumonia project (Scottish National Audit Project for Community Acquired Pneumonia) in all mainland NHS Boards.
- Development of prescribing indicators for primary and secondary care to support Clostridium Difficile Associated Disease "HEAT" target (HEAT targets are a core set of ministerial objectives, targets and measures for the NHS).
- Evaluation of NHS Board structures and development of action plan to address deficiencies.
- Integration of antimicrobial stewardship into Healthcare Associated Infections standards assessment and national Surgical Site Infection audit programme.
- Clostridium Difficile Associated Disease and bacterial resistance e-learning programmes.
- Bespoke study day for Antimicrobial Pharmacists and multidisciplinary study day on antimicrobial stewardship.

Dr Jacqueline Sneddon
On behalf of SAPG

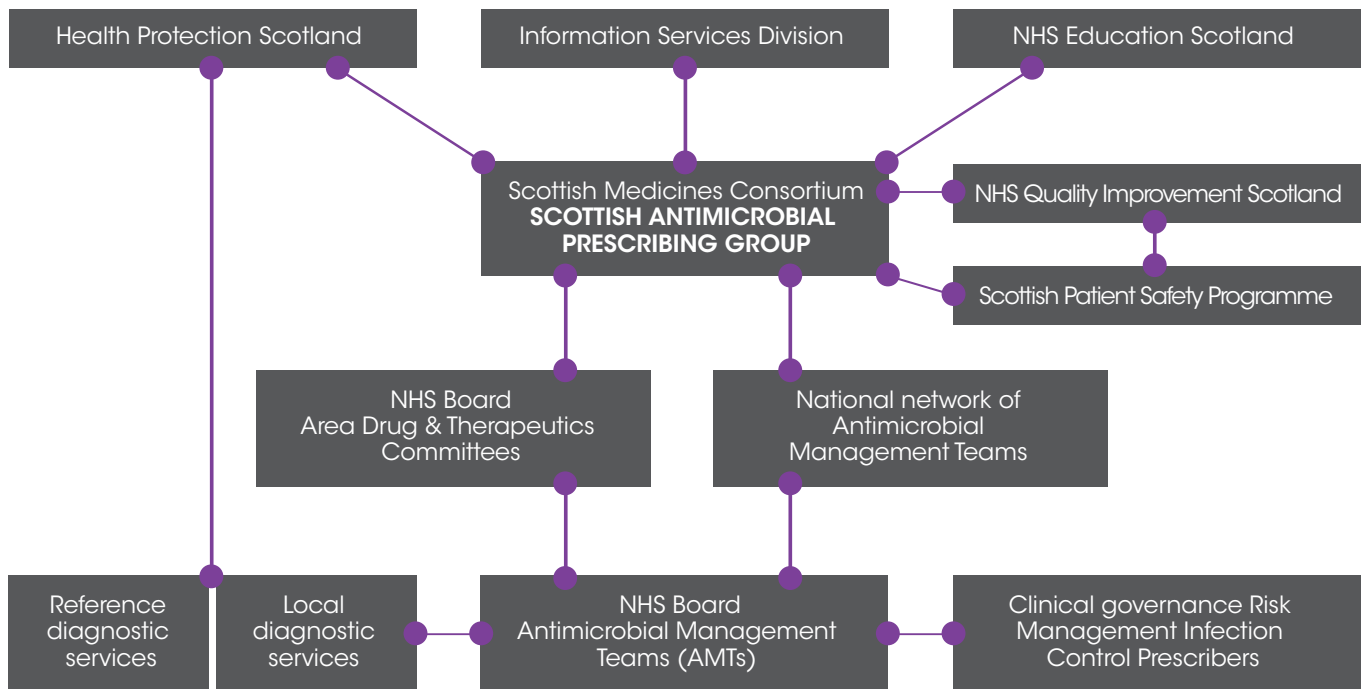
Membership of SMC SAPG Team

Mrs Anne Lee, Principal Pharmacist, Horizon Scanning

Ms Susan Paton, Project Co-ordinator

Dr Jacqueline Sneddon, Project Lead

The Stakeholders



Membership



Scottish Medicines Consortium

Dr Kenneth Paterson Chairman	Consultant Physician, NHS Greater Glasgow and Clyde (<i>Chairman from April 2008</i>)
Ms Angela Timoney Vice Chairman	Director of Pharmacy, NHS Tayside
Dr Jan Jones Vice Chairman	Pharmaceutical Prescribing Adviser, Tayside Primary Care (<i>Vice Chairman from April 2008</i>)
Mrs Laura Ace	Director of Finance, NHS Lanarkshire
Professor James Barbour OBE	Chief Executive, NHS Lothian
Dr Keith Beard	Consultant Physician in Geriatric Medicine, Hospital Prescribing Adviser, NHS Greater Glasgow and Clyde
Mrs Marion Bennie	Chief Pharmaceutical Adviser, NHS National Services Scotland
Dr Sandra Blevings *	Senior Solicitor, NHS Scotland Central Legal Office
Ms Margo Biggs	Public Partner (<i>from March 2008</i>)
Ms Ailsa Brown *	Health Economist, NHS Quality Improvement Scotland
Mr Colin Brown *	Health Quality and Safety, Scottish Government Health Department
Dr Keith Brown	Chairman joint ADTC and Consultant Psychiatrist, NHS Forth Valley
Professor John Cairns	Professor in Public Health and Policy, London School of Hygiene & Tropical Medicine
Mr Dave Carson	Financial Controller, Service Development, NHS Tayside
Dr David Crookes	General Practitioner, NHS Lothian
Dr Sara Davies *	Quality and Planning Division, Scottish Government Health Department
Mr Tom Divers	Chief Executive, NHS Greater Glasgow and Clyde
Mrs Susan Downie*	Medical Writer, NHS Quality Improvement Scotland
Mr Steven Fenocchi *	Quality and Planning Division, Scottish Government Health Department (<i>to February 2008</i>)
Mr Stephen Ferguson *	Communications Officer, NHS Quality Improvement Scotland
Dr Jonathan Fox	Consultant Nephrologist, NHS Greater Glasgow and Clyde, Chairman, Greater Glasgow and Clyde ADTC
Dr John Gemmill	Chairman, Ayrshire and Arran ADTC (<i>from May 2008</i>)
Ms Susan Goldsmith	Director of Finance, NHS Lothian (<i>from April 2008</i>)
Dr Barclay Goudie	General Practitioner, Tayside
Dr Harpreet Kohli *	Medical Advisor and Head, Health Services Research and Assessment Unit, NHS Quality Improvement Scotland (<i>to September 2008</i>)
Mrs Anne Lee *	Principal Pharmacist, Horizon Scanning, SMC
Dr Grace Lindsay	Reader in Clinical Nursing Research, Glasgow Caledonian University

* Observer Status

Scottish Medicines Consortium

Dr Graham Lowe	Consultant Dermatologist, NHS Tayside <i>(to April 2008)</i>
Dr Chris Lush	Consultant Haematologist, NHS Highland
Dr Alan MacDonald	Consultant Rheumatologist, NHS Grampian
Dr Frances Macdonald	APBI <i>(from May 2008)</i>
Mr Colin McAllister	Head of Communications, NHS Quality Improvement Scotland <i>(to October 2008)</i>
Mrs Laura McIver *	Chief Pharmaceutical Adviser, SMC
Mr Billy Malcolm	Specialist in Pharmaceutical Public Health, NHS Ayrshire & Arran <i>(to October 2008)</i>
Dr Simon Maxwell	Associate Medical Director, Royal Infirmary of Edinburgh <i>(from August 2008)</i>
Ms Veronica Moffatt*	Quality & Planning Division, Scottish Government Health Department <i>(from May 2008)</i>
Ms Aileen Muir	Consultant in Pharmaceutical Public Health, NHS Lothian
Mrs Pat Murray	Director of Pharmacy, NHS Lothian <i>(to August 2008)</i>
Professor Dilip Nathwani	Consultant Physician, NHS Tayside
Mrs Wendy Nganasurian	Public Partner, Highland <i>(to March 2008)</i>
Dr Anthony Ormerod	Reader in Dermatology, Aberdeen Royal Infirmary <i>(from May 2008)</i>
Dr Andrew Power	Head of Prescribing Team, Greater Glasgow Primary Care Trust
Mr Andrew Powrie-Smith	Director, ABPI Scotland <i>(from June 2008)</i>
Ms Fiona Ramsay	Director of Finance, NHS Forth Valley <i>(to April 2008)</i>
Dr Nick Reed	Consultant in Clinical Oncology, NHS Greater Glasgow and Clyde
Mrs Emma Riches*	Medical Writer, NHS Quality Improvement Scotland
Dr Andrew Riley	Director of Public Health, NHS Borders <i>(to August 2008)</i>
Dr Alexander Simpson	Medical Director, Eli Lilly - ABPI
Dr Jacqueline Sneddon	Project Leader, Scottish Antimicrobial Prescribing Group <i>(from November 2008)</i>
Dr Sarah Taylor	Director of Public Health, NHS Shetland
Mr Keith Thompson	Public Partner <i>(from March 2008)</i>
Mr Alistair Thorburn	Head of Prescribing, NHS Lanarkshire Primary Care
Mrs Sheila Tunstall-James	Public Partner
Dr Andrew Walker*	Senior Lecturer in Health Economics, University of Glasgow
Mr Mike Wallace	Member, Board of Management, ABPI <i>(to March 2008)</i>
Professor David Webb	Consultant Physician, NHS Lothian & Professor of Therapeutics and Clinical Pharmacology, Edinburgh University <i>(Chairman to March 2008)</i>
Professor Tony Wells	Chief Executive, NHS Tayside

New Drugs Committee (NDC)

Dr Jan Jones Chairman	Pharmaceutical Prescribing Adviser, Tayside Primary Care (<i>Chairman from April 2008</i>)
Ms Aileen Muir Vice Chairman	Consultant in Pharmaceutical Public Health, NHS Lothian
Dr Andrew Power Vice Chairman	Head of Prescribing Team, Greater Glasgow Primary Care Trust
Mrs Corinne Booth *	Economic Assessor, NHS Quality Improvement Scotland
Mr Phil Booth	Sanofi-aventis, ABPI Representative
Ms Ailsa Brown *	Economic Assessor, NHS Quality Improvement Scotland
Mr Nick Bruce	Pfizer, ABPI Representative (<i>from July 2008</i>)
Mr Scott Bryson	Pharmaceutical Policy Adviser, NHS Greater Glasgow and Clyde
Ms Karen Burke	Pharmaceutical Analyst, NHS National Services Scotland
Dr Jennifer Burns	Consultant Physician, Medicine for the Elderly, NHS Greater Glasgow and Clyde
Mrs Alison Campbell	Area Clinical Effectiveness Pharmacist, Public Health, NHS Greater Glasgow and Clyde
Mr Richard Clark *	Pharmaceutical Analyst, NHS National Services Scotland
Ms Eileen Conkie *	Pharmaceutical Analyst, NHS National Services Scotland
Ms Joyce Craig *	Economic Assessor, NHS Quality Improvement Scotland
Dr Ewen Cummins *	Economic Assessor, Independent
Professor Peter Donnan	Senior Lecturer in Medical Statistics, University of Dundee
Ms Susan Donnelly *	Senior Pharmacist, NHS National Services Scotland
Mrs Susan Downie	Medical Writer, NHS Quality Improvement Scotland
Dr Gordon Forrest	General Practitioner, NHS Greater Glasgow and Clyde (<i>from January 2008</i>)
Dr Gail Gilbert	Pharmaceutical Analyst, NHS National Services Scotland
Dr Jane Gravid	Consultant, Respiratory and General Medicine, NHS Greater Glasgow and Clyde (<i>to April 2008</i>)
Miss Jane Griffin	Boehringer Ingelheim Ltd, ABPI representative (<i>to April 2008</i>)
Professor Peter Helms	Consultant Paediatrician, Royal Aberdeen Children's Hospital (<i>from May 2008</i>)
Miss Sharon Hems	Principal Pharmacist, NHS National Services Scotland (<i>to September 2008</i>)
Ms Sheena Kerr	Lead Pharmacist, Medicines Information Service, NHS Lothian

* Observer Status

New Drugs Committee (NDC)

Dr John Larkin	Consultant Rheumatologist, NHS Greater Glasgow and Clyde
Mrs Anne Lee *	Principal Pharmacist, Horizon Scanning, SMC
Mrs Laura McIver *	Chief Pharmaceutical Adviser, SMC
Dr James McLay	Senior Lecturer & Consultant Physician, NHS Grampian
Mrs Moira McMurray *	Pharmaceutical Analyst, NHS National Services Scotland
Ms Sandra McNaughton	Primary Care Pharmacy Co-ordinator, NHS Lothian
Ms Lesley Michels *	Pharmaceutical Analyst, NHS National Services Scotland
Dr Susan Myles*	Economic Assessor, NHS Quality Improvement Scotland (from November 2008)
Mr Mark Parsons	Principal Clinical Pharmacist, NHS Tayside
Dr Kenneth Paterson	Consultant Physician, NHS Greater Glasgow and Clyde (Chairman to March 2008)
Mrs Emma Riches*	Medical Writer, NHS Quality Improvement Scotland
Mr Craig Rore	Lead Pharmacist, NHS Grampian
Ms Marina Shannon	Practice Development Specialist, Critical Care, NHS Lanarkshire
Dr Libby Sillito *	Pharmaceutical Analyst, NHS National Services Scotland
Mr Keith Tolley *	Economic Assessor, Independent
Dr Andrew Walker	Senior Lecturer in Health Economics, University of Glasgow
Dr Matthew Walters	Senior Lecturer in Clinical Pharmacology, NHS Greater Glasgow and Clyde
Ms Janice Watt	Principal Pharmacist, Area Medicines Information Centre, Glasgow Royal Infirmary (from April 2008)
Ms Lisa Wilson	Economic Assessor, NHS Quality Improvement Scotland
Mrs Helen Wright *	Pharmaceutical Analyst, NHS National Services Scotland



staffing

SMC Secretariat

Ms Ailene Botfield
NHS Quality Improvement Scotland

Mrs Ruth Ford
NHS Quality Improvement Scotland

Mrs Hazel Illingworth
NHS Quality Improvement Scotland
(to June 2008)

Miss Rosie Murray
NHS Quality Improvement Scotland

Mrs Michelle Pasnik
NHS Quality Improvement Scotland

Ms Emilia Pietka
NHS Quality Improvement Scotland
(from June 2008)

Mr Robert Sanders
NHS Quality Improvement Scotland

Mrs Maureen Stark
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Dr Andrew Walker
University of Glasgow

Ms Lisa Wilson
NHS Quality Improvement Scotland

Scottish Antimicrobial Prescribing Group

Ms Susan Paton
Project Co-ordinator

Dr Jacqueline Sneddon
Project Lead

clinical expert panel

Title	Forename	Surname	Designation	Address	City
Dr	Douglas	Adamson	Consultant Clinical Oncologist	Ninewells Hospital	Dundee
Dr	Faisal	Ahmed	Consultant	Royal Hospital For Sick Children	Glasgow
Mr	Kim	Ah-See	Consultant Otolaryngologis/ Head & Neck Surgeon	Aberdeen Royal Infirmary	Aberdeen
Mr	Michael	Aitchison	Consultant Urologist	Gartnavel General Hospital	Glasgow
Dr	Celia	Aitken	Consultant Virologist	Gartnavel General Hospital	Glasgow
Dr	Abdulla	Alhasso	Breast Cancer Specialist	Beatson Cancer Centre	Glasgow
Mr	Paul	Allcock	Consultant Orthopaedic Surgery	Royal Alexandria Hospital	Paisley
Dr	James	Anderson	General Practitioner	Nethertown Surgery	Dunfermline
Ms	Joanne	Andrew	Horizon Scanning Pharmacist	Glasgow Royal Infirmary	Glasgow
Dr	Graham	Ball	Consultant Dental Health	Cameron House	Fife
Dr	Stephen	Banham	Consultant Respiratory Medicine	Glasgow Royal Infirmary	Glasgow
Dr	Jonathan	Bannister	Consultant in Anaesthesia & Pain Management	Tayside Pain Service & Pain Management	Dundee
Mr	Martyn	Barnes	Specialist Registrar in Otolaryngology	Raigmore Hospital	Inverness
Dr	Michael	Basler	Consultant Anaesthetist	Glasgow Royal Infirmary	Glasgow
Dr	Nick	Bateman	Consultant Clinical Toxicologist/ Clinical Pharmacologist	Royal Infirmary of Edinburgh	Edinburgh
Dr	Louise	Bath	Consultant in Paediatric Endocrinology & Diabetes	Royal Hospital For Sick Children	Edinburgh
Dr	Tom	Beattie	Consultant Paediatrician	Royal Hospital For Sick Children	Edinburgh
Dr	Steven	Beavan	General Practitioner	Skerrymore Medical Practice	Orkney
Prof	Jill	Belch	Professor of Vascular Medicine & Consultant Physician	Ninewells Hospital	Dundee
Dr	John	Bevan	Consultant Physician/Endocrinologist	Aberdeen Royal Infirmary	Aberdeen
Dr	Alison	Bigrigg	Director of Sandyford Initiative/ Consultant Gynaecologist	Sandyford Initiative	Glasgow
Dr	David	Bilsland	Consultant Dermatologist	Southern General Hospital	Glasgow
Dr	Michael	Bisset	Consultant in Paediatrics & Paediatric Gastroenterology	Royal Aberdeen Childrens Hospital	Aberdeen
Dr	Donald	Bissett	Clinical Oncologist	Aberdeen Royal Infirmary	Aberdeen
Dr	Alison	Black	Associate Specialist Rheumatology	Woolmanhill Hospital	Aberdeen
Ms	Heather	Black	Senior Pharmacist	Western Infirmary	Glasgow
Prof	Christine	Bond	Head of Department General Practice and Primary Care	Foresterhill Health Centre	Aberdeen
Mr	Ivan	Brenkel	Consultant Orthopaedics	Queen Margaret Hospital	Dunfermline
Dr	Ray	Brettie	Consultant Infectious Diseases	Western General	Edinburgh
Ms	Julie	Brittenden	Senior Lecturer in Vascular Surgery	Aberdeen Royal Infirmary	Aberdeen
Dr	Dallas	Brodie	Consultant Psychiatrist	Glasgow Royal Infirmary	Glasgow
Prof	Martin	Brodie	Consultant General Medicine	Western Infirmary	Glasgow
Prof	Ian	Broom	Consultant Clinical Biochemistry	School of Life Sciences	Aberdeen
Dr	Roger	Brown	Consultant Endocrinology	Western General	Edinburgh
Dr	Derek	Brown	Consultant Old Age Psychiatry	Stobhill Hospital	Glasgow
Dr	Christine	Bucknall	Consultant Respiratory Physician	Stobhill Hospital	Glasgow
Ms	Laura	Buist	Director of Renal Transplantation	Western Infirmary	Glasgow
Dr	David	Burden	Consultant Dermatologist	Western Infirmary	Glasgow
Dr	Janet	Burns	Consultant Cardiologist	Royal Hospital For Sick Children	Edinburgh
Mr	John	Burton	Consultant in Accident & Emergency	Dumfries & Galloway Royal Infirmary	Dumfries
Mrs	Fiona	Campbell	Clinical Nurse Specialist Oncology/Chemotherapy	Raigmore Hospital	Inverness
Dr	Peter	Canney	Clinical Oncologist	Beatson Cancer Centre	Glasgow

Title	Forename	Surname	Designation	Address	City/Mr
Mr	Michael	Carson	Principal Pharmacist	Dundee CHP	Dundee
Mr	Ross	Carter	Consultant General Surgery	Glasgow Royal Infirmary	Glasgow
Dr	Richard	Casasola	Consultant Radiotherapist & Oncologist	Ninewells Hospital	Dundee
Dr	Allan	Chapman	Consultant Paediatrician	Dumfries & Galloway Royal Infirmary	Dumfries
Ms	Miuwah	Cheung	Pharmacist	Dumfries & Galloway Royal Infirmary	Dumfries
Mr	Marc	Clancy	Consultant Surgeon	Western Infirmary	Glasgow
Mr	Ben	Cliff	Consultant Orthopaedic & Trauma Surgeon	Ninewells Hospital	Dundee
Dr	Sally	Clive	Locum Consultant Medical Oncology	Western General	Edinburgh
Dr	Richard	Coleman	Consultant Neurologist	Aberdeen Royal Infirmary	Aberdeen
Prof	John	Connell	Professor of Endocrinology	University of Glasgow	Glasgow
Dr	Peter	Connelly	Consultant Psychiatrist	Murray Royal Hospital	Perth
Mr	Gary	Cook	Principal Clinical Pharmacist	Perth Royal Infirmary	Perth
Dr	Carl	Counsell	Clinical Senior Lecturer in Neurology/ Honorary Consultant Neurologist	University of Aberdeen	Aberdeen
Dr	Charles	Court-Brown	Consultant Orthopaedic Surgery	Royal Infirmary of Edinburgh	Edinburgh
Dr	Fiona	Cowie	Consultant Medical Oncologist	Beatson Cancer Centre	Glasgow
Dr	Alistair	Cozens	Consultant in Rehabilitation Medicine	Woodend Hospital	Aberdeen
Dr	Gillian	Cruickshank	Practice Pharmacist	Princes Street Surgery	Dundee
Dr	Dominic	Culligan	Consultant Haematologist	Aberdeen Royal Infirmary	Aberdeen
Dr	Steve	Cunningham	Consultant Respiratory Physician	Royal Hospital For Sick Children	Edinburgh
Dr	Peter	Currie	Consultant Cardiologist	Perth Royal Infirmary	Perth
Ms	Heather	Dalrymple	Principal Pharmacist	Western General	Edinburgh
Dr	Malcolm	Daniel	Consultant Anaesthesia & Intensive Care	Glasgow Royal Infirmary	Glasgow
Dr	Richard	Davenport	Consultant Neurologist	Western General	Edinburgh
Dr	Jim	Davie	Consultant Physician	Stobhill Hospital	Glasgow
Dr	John	Davies	Consultant Haematologist	Western General	Edinburgh
Dr	Robert	Dawe	Consultant Dermatologist	Ninewells Hospital	Dundee
Dr	Kate	Dawson	General Practitioner	Benbecula Medical Practice	Western Isles
Dr	Francois	de Villiers	Consultant Microbiologist	Inverclyde Royal Hospital	Greenock
Prof	Martin	Dennis	Consultant Elderly Medicine	Western General	Edinburgh
Dr	Graham	Devereux	Consultant in Thoracic Medicine	Aberdeen Royal Infirmary	Aberdeen
Dr	Brendan	Devine	Consultant Gastroenterologist	Glasgow Royal Infirmary	Glasgow
Dr	John	Dewar	Consultant Radiotherapist & Oncologist	Ninewells Hospital	Dundee
Dr	Veena	Dhillon	Consultant Rheumatologist	Western General	Edinburgh
Dr	John	Dickson	Clinical Director Theatres & Pharmacy	Royal Alexandria Hospital	Paisley
Dr	Jang	Dilawari	Consultant Physician & Gastroenterologist	Inverclyde Royal Hospital	Greenock
Dr	John	Dillon	Consultant Gastroenterologist	Ninewells Hospital	Dundee
Dr	Malcolm	Donaldson	Consultant Paediatrician	Royal Hospital For Sick Children	Glasgow
Dr	Alistair	Dorward	Consultant Physician	Royal Alexandria Hospital	Paisley
Dr	Graham	Douglas	Consultant Physician	Aberdeen Royal Infirmary	Aberdeen
Prof	Neil	Douglas	Consultant Respiratory Medicine	Scottish National Sleep Centre	Edinburgh
Dr	Kenny	Douglas	Consultant Haematologist	Beatson Cancer Centre	Glasgow
Dr	Anne	Drever	Associate Specialist in Rheumatology	Dumfries & Galloway Royal Infirmary	Dumfries
Dr	Mark	Drummond	Consultant Haematologist	Western Infirmary	Glasgow
Dr	Roderick	Duncan	Consultant Neurologist	Southern General Hospital	Glasgow
Dr	Stephanie	Dundas	Consultant Infectious Diseases	Monklands Hospital	Airdrie
Dr	David	Dunlop	Consultant Oncologist	Glasgow Royal Infirmary	Glasgow
Dr	Barbara	Dymock	Consultant Medicine For Elderly	Strathcaro Hospital	Brechin
Dr	Andy	Elder	Consultant Elderly Medicine	Western General	Edinburgh

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Title	Forename	Surname	Designation	Address	City
Dr	Adil	El-Nujumi	Consultant Physician Gastroenterologist	Wishaw General Hospital	Wishaw
Dr	Paul	Eunson	Consultant in Child Neurology	Royal Hospital For Sick Children	Edinburgh
Dr	Donald	Farquhar	Consultant Physician General Medicine /Care of the Elderly	St Johns Hospital	Livingston
Dr	David	Farquharson	Consultant Obstetrics & Gynaecology	Royal Infirmary of Edinburgh	Edinburgh
Dr	Carrie	Featherstone	Consultant in Clinical Oncology	Beatson Cancer Centre	Glasgow
Mr	Carl	Fenelon	Clinical/Research Pharmacist	Glasgow Royal Infirmary	Glasgow
Ms	Frances	Ferguson	Specialist Oncology Pharmacist	Aberdeen Royal Infirmary	Aberdeen
Prof	James	Ferguson	Consultant Dermatologist	Ninewells Hospital	Dundee
Dr	Michelle	Ferguson	Consultant Medical Oncologist	Ninewells Hospital	Dundee
Mr	Ian	Finlay	Consultant General Surgery	Glasgow Royal Infirmary	Glasgow
Mr	David	Finlayson	Orthopaedic Surgeon	Raigmore Hospital	Inverness
Ms	Julie	Fisher	Senior Oncology Pharmacist	Western General	Edinburgh
Mrs	Hazel	Fisher	Lead Pharmacist Neonates	Wishaw General Hospital	Wishaw
Dr	Edward	Fitzsimons	Senior Lecturer/Head of Dept. Haematology	Western Infirmary	Glasgow
Dr	Brian	Fleck	Consultant Ophthalmologist	Princess Alexandria Eye Pavilion	Edinburgh
Dr	Gillian	Flett	Consultant/Clinical Lead Sexual Health	Centre for Sexual & Reproductive Health	Aberdeen
Mr	Ewan	Flint	Consultant ENT Surgeon	Dumfries & Galloway Royal Infirmary	Dumfries
Dr	Ewan	Forrest	Consultant Physician & Gastroenterologist	Glasgow Royal Infirmary	Glasgow
Prof	John	Forrester	Professor of Ophthalmology	University of Aberdeen	Aberdeen
Dr	Michael	Forster	Consultant in Anaesthesia & Intensive Care	Perth Royal Infirmary	Perth
Dr	Peter	Forsyth	Consultant Haematologist	Raigmore Hospital	Inverness
Mr	John	Forsythe	Consultant Surgeon	Royal Infirmary of Edinburgh	Edinburgh
Ms	Carla	Forte	Principal Cancer Care Pharmacist	Beatson Cancer Centre	Glasgow
Dr	Ray	Fox	Consultant Infectious Diseases	Gartnavel General Hospital	Glasgow
Dr	Anthony	France	Consultant Infectious Diseases	Ninewells Hospital	Dundee
Mrs	Karen	Fraser	Principal Pharmacist Mental Health	Royal Hospital For Sick Children	Glasgow
Dr	Susan	Fraser	Consultant Rheumatologist	Southern General Hospital	Glasgow
Dr	Paul	Galea	Consultant Paediatrician/Rheumatology	Royal Hospital For Sick Children	Glasgow
Dr	Stephen	Gallacher	Consultant General Medicine	Southern General Hospital	Glasgow
Dr	David	Galloway	Consultant General Surgery	Gartnavel General Hospital	Glasgow
Dr	Peter	Galloway	Consultant Medical Biochemist	Royal Hospital For Sick Children	Glasgow
Prof	James	Garden	Professor of Clinical Surgery	Edinburgh Royal Infirmary	Edinburgh
Mr	Quentin	Gardiner	Consultant Otolaryngologist	Ninewells Hospital	Dundee
Dr	Deepak	Garg	Consultant Cardiologist	Dr Grays Hospital	Elgin
Dr	Graham	Gauld	General Practitioner	Denburn Health Centre	Aberdeen
Dr	Mike	Gavin	Consultant Ophthalmologist	Gartnavel General Hospital	Glasgow
Dr	Ailsa	Gebbie	Consultant Gynaecologist/Obstetrician	Family Planning and Well Woman Services	Edinburgh
Dr	Colin	Geddes	Consultant Nephrologist	Western Infirmary	Glasgow
Dr	Jane	Gibson	Consultant Rheumatologist	Cameron Hospital	Fife
Dr	Brenda	Gibson	Consultant Haematologist	Royal Hospital For Sick Children	Glasgow
Dr	Cathryn	Glazener	Senior Clinical Research Fellow/Editor, Cochrane Incontinence Review Group	University of Aberdeen	Aberdeen
Ms	Ysobel	Gourlay	Infectious Disease/HIV Pharmacist	Gartnavel General Hospital	Glasgow
Dr	Charlie	Gourley	Senior Lecturer Medical Oncology	Western General	Edinburgh
Dr	John	Graham	Consultant Clinical Oncologist	Beatson Cancer Centre	Glasgow
Dr	David	Grant	Consultant Physician Medicine for Elderly	Liberton Hospital	Edinburgh
Dr	Robin	Grant	Neurologist	Western General	Edinburgh
Mrs	June	Grant	Pharmacist	Princess Royal Maternity Hospital	Glasgow

Title	Forename	Surname	Designation	Address	City
Prof	Michael	Greaves	Professor of Haematology	College of Life Sciences and Medicine	Aberdeen
Dr	John	Greene	Consultant Neurologist	Southern General Hospital	Glasgow
Dr	Donald	Grosset	Consultant Neurologist	Southern General Hospital	Glasgow
Dr	Girish	Gupta	Consultant Dermatologist	Monklands Hospital	Airdrie
Dr	Rosemary	Hague	Consultant Paediatrician	Royal Hospital For Sick Children	Glasgow
Dr	Malcolm	Hand	Consultant Nephrologist	Monklands Hospital	Airdrie
Dr	Robin	Hardie	Consultant Dermatologist	Heathfield Clinic	Ayr
Dr	Rosie	Harrand	Consultant Clinical Oncologist	Beatson Cancer Centre	Glasgow
Dr	Bob	Hazlehurst	General Practitioner	The Surgery	Orkney
Mrs	Susan	Healy	Principal Pharmacist	Aberdeen Royal Infirmary	Aberdeen
Dr	Iain	Henderson	Consultant Nephrologist	Ninewells Hospital	Dundee
Dr	Duncan	Henderson	Consultant Anaesthetist	St Johns Hospital	Livingston
Mr	David	Hendry	Consultant Urologist	St Johns Hospital	Livingston
Dr	Aisling	Hennessey	Consultant Oncologist	Beatson Cancer Centre	Glasgow
Dr	Richard	Herriot	Consultant Immunologist	Aberdeen Royal Infirmary	Aberdeen
Prof	Steven Darryll	Heys	Professor of Surgical Oncology and Consultant Surgeon	Aberdeen Royal Infirmary	Aberdeen
Dr	Adam	Hill	Consultant Physician Respiratory Medicine	Royal Infirmary of Edinburgh	Edinburgh
Dr	Kerry-Jane	Hogg	Consultant Cardiologist	Stobhill Hospital	Glasgow
Dr	Roger	Holden	Consultant in Rehabilitation Medicine	Dumfries & Galloway Royal Infirmary	Dumfries
Prof	Tessa	Holyoake	Professor in Academic Transfusion Medicine Unit	Glasgow Royal Infirmary	Glasgow
Mr	Paul	Horgan	Senior Lecturer and Consultant Colorectal Surgeon	Glasgow Royal Infirmary	Glasgow
Dr	Heather	Hosie	Consultant Anaesthetist	Southern General Hospital	Glasgow
Dr	Grahame	Howard	Consultant Clinical Oncologist	Western General	Edinburgh
Dr	Jacqueline	Howes	Consultant Anaesthetist	Raigmore Hospital	Inverness
Mrs	Sarah	Howlett	Haematology Pharmacist	Aberdeen Royal Infirmary	Aberdeen
Dr	Andrew	Hutcheon	Consultant Oncologist	Aberdeen Royal Infirmary	Aberdeen
Prof	James	Hutchison	Regius Professor of Surgery	University of Aberdeen	Aberdeen
Dr	Stephen	Hutchison	Consultant Palliative Medicine	Highland Hospice	Inverness
Dr	Alastair	Ireland	Consultant Accident & Emergency	Glasgow Royal Infirmary	Glasgow
Dr	Janet	Ironside	Consultant Clinical Oncologist	Western General	Edinburgh
Dr	Chris	Isles	Consultant General Medicine	Dumfries & Galloway Royal Infirmary	Dumfries
Dr	Patricia	Jackson	Consultant Paediatric Haematologist	Royal Hospital For Sick Children	Edinburgh
Dr	Graham	Jackson	Consultant Psychiatrist	Leverdale Hospital	Glasgow
Prof	Cathy	Jackson	Professor of Primary Care Medicine	Bute Medical School	St Andrews
Dr	Ashok	Jacob	Consultant Cardiologist	St Johns Hospital	Livingston
Mrs	Gillian	Jardine	Principal Pharmacist	Ayr Hospital	Ayr
Dr	Pramod	Jauhar	Consultant Psychiatrist	Parkhead Psychiatric Hospital	Glasgow
Dr	Jeff	Jay	Consultant Ophthalmologist	Gartnavel General Hospital	Glasgow
Dr	Kevin	Jennings	Consultant Cardiologist	Aberdeen Royal Infirmary	Aberdeen
Prof	Duncan	Jodrell	Reader in Oncology	Western General	Edinburgh
Dr	Peter	Johnson	Consultant Haematologist	Western General	Edinburgh
Dr	Fiona	Johnston	Consultant Elderly Medicine	Vale of Leven	Alexandria
Dr	David	Johnston	Consultant Gastroenterologist	Ninewells Hospital	Dundee
Ms	Linda	Johnstone	Macmillan Area Lead Pharmacist - Palliative Care	St Andrews Hospice	Airdrie
Dr	Michael	Jones	Consultant Physician	Western General	Edinburgh

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Title	Forename	Surname	Designation	Address	City
Dr	Richard	Jones	Consultant Clinical Oncologist	Beatson Cancer Centre	Glasgow
Dr	Robert	Jones	Senior Lecturer/Honorary Consultant	Beatson Cancer Centre	Glasgow
Dr	Brian	Jones	Consultant Medical Microbiologist	Glasgow Royal Infirmary	Glasgow
Mr	Bryn	Jones	Orthopaedic Consultant	Glasgow Royal Infirmary	Glasgow
Dr	Elizabeth	Junor	Consultant Oncologist	Western General	Edinburgh
Dr	Brian	Junor	Consultant Nephrologist	Western Infirmary	Glasgow
Dr	Pota	Kalima	Consultant Microbiologist	Western General	Edinburgh
Dr	Paul	Keeley	Consultant Palliative Physician	Glasgow Royal Infirmary	Glasgow
Ms	Shirley	Kelly	Macmillan Principal Clinical Pharmacist in Palliative Care	Royal Victoria Hospital	Dundee
Dr	Chris	Kelnar	Consultant Paediatric Endocrinologist	Royal Hospital For Sick Children	Edinburgh
Dr	Elizabeth	Kennedy	Associate Specialist	Ryehill Health Centre	Dundee
Dr	Douglas	Kenny	Consultant Haematologist	Beatson Cancer Centre	Glasgow
Dr	Ron	Kerr	Consultant Haematologist	Ninewells Hospital	Dundee
Dr	Paul	Kerr	General Practitioner	Frew Terrace Surgery	Irvine
Dr	Izhar	Khan	Consultant Physician/Nephrologist	Aberdeen Royal Infirmary	Aberdeen
Dr	Derek John	King	Consultant Haematologist	Aberdeen Royal Infirmary	Aberdeen
Ms	Moira	Kinnear	Head of Education Research and Development	Western General	Edinburgh
Dr	Martin	Kirkpartick	Consultant Paediatric Neurologist	Ninewells Hospital	Dundee
Mrs	Dorothy	Kirkpatrick	Prescribing Support	Annandale & Eskdale LHCC	Dumfries
Mr	Mathew	Koruth	Consultant Surgeon	Aberdeen Royal Infirmary	Aberdeen
Prof	Zygmunt	Krukowski	Consultant Surgeon	Aberdeen Royal Infirmary	Aberdeen
Dr	Peter	Kyle	Consultant Ophthalmologist	Southern General Hospital	Glasgow
Dr	RBS	Laing	Consultant Infectious Diseases	Aberdeen Royal Infirmary	Aberdeen
Dr	Stewart	Lambie	Consultant General Medicine	Raigmore Hospital	Inverness
Prof	Peter	Langhorne	Professor in Stroke Care	Glasgow Royal Infirmary	Glasgow
Dr	Jennifer	Laskey	Pharmacist	Beatson Cancer Centre	Glasgow
Dr	Ian	Laurenson	Consultant Medical Microbiologist	Royal Infirmary of Edinburgh	Edinburgh
Dr	Mike	Leach	Consultant Haematologist	Stobhill Hospital	Glasgow
Dr	John Paul	Leach	Consultant Neurologist & Neurophysiologist	Western Infirmary	Glasgow
Prof	Michael	Lean	Consultant General Medicine	Glasgow Royal Infirmary	Glasgow
Dr	Clifford	Leen	Consultant Infectious Diseases	Western General	Edinburgh
Dr	Graham	Leese	Consultant General Medicine	Ninewells Hospital	Dundee
Dr	Katherine	Leighton	Consultant in Child & Adolescent Psychiatry	Larkfield Child & Family Centre	Glasgow
Dr	Mhoira	Leng	Consultant in Palliative Care Medicine	Roxburghe House	Aberdeen
Mrs	Kate	Lennon	Consultant Nurse Palliative Care	Merchiston Hospital	Johnstone
Dr	Pam	Levack	Consultant Palliative Medicine	Ninewells Hospital	Dundee
Dr	Ken	Liddell	Consultant Microbiologist	Wishaw General Hospital	Wishaw
Dr	Ian	Lightbody	Consultant Geriatric Medicine	Perth Royal Infirmary	Perth
Prof	Brian	Lipworth	Consultant Respiratory Medicine	Ninewells Hospital	Dundee
Dr	Martin	Livingston	Consultant Psychiatrist	Southern General Hospital	Glasgow
Ms	Noemi	Lois	Consultant Ophthalmologist	Aberdeen Royal Infirmary	Aberdeen
Ms	Joanne	Low	Pharmacist	Stirling Royal Infirmary	Stirling
Dr	Graham	Lowe	Consultant Dermatologist	Ninewells Hospital	Dundee
Dr	Carol	Lumsden	Pharmacist	NHS Lothian	Edinburgh
Dr	Carrie	MacEwan	Consultant Ophthalmologist	Ninewells Hospital	Dundee
Dr	Tom	Mackay	Consultant Sleep Medicine	Scottish National Sleep Centre	Edinburgh

Title	Forename	Surname	Designation	Address	City
Mrs	Caroline	Mackay	Clinical Pharmacist	Stobhill Hospital	Glasgow
Dr	Melanie	Mackean	Consultant in Medical Oncology	Western General	Edinburgh
Dr	Neil	Mackenzie	Consultant Anaesthetist	Ninewells Hospital	Dundee
Dr	Simon	MacKenzie	Consultant Anaesthetist	Royal Infirmary of Edinburgh	Edinburgh
Ms	Mary	Maclean	Cancer Care Pharmacist	Dumbarton Road Practice	Glasgow
Dr	Fiona	Maclean	Lead Cancer Care Pharmacist	Southern General Hospital	Glasgow
Dr	Mary Joan	Macleod	Senior Lecturer in Clinical Pharmacology	Grampian University Hospitals NHS Trust	Aberdeen
Dr	Graeme	Macphee	Consultant Elderly Medicine	Southern General Hospital	Glasgow
Ms	Alison	MacRobbie	Palliative/Community Care Pharmacist	NHS Highland	Highlands
Dr	Ronald	MacWalter	Consultant General Medicine	Ninewells Hospital	Dundee
Mr	Jude	Madeleine	Macmillan Principal Pharmacist	Raigmore Hospital	Inverness
Mr	Krishnakumar	Madhavan	Consultant	Edinburgh Royal Infirmary	Edinburgh
Dr	John	Maelor Davies	Consultant Haematologist	Western General	Edinburgh
Dr	Conor	Maguire	Associate Clinical Lead in Medicine of the Elderly	Royal Victoria & Western General Hospitals	Edinburgh
Dr	William	Malcolm	Specialist Pharmaceutical Public Health	NHS Ayrshire & Arran	Ayr
Dr	Duncan	Manders	Consultant Child & Adolescent Psychiatrist	Lothian Primary Care NHS Trust	East Lothian
Dr	David	Mansfield	Consultant Ophthalmologist	Inverclyde Royal Hospital	Greenock
Dr	Ivan	Marples	Consultant Anaesthetist	Western General	Edinburgh
Dr	Tom	Marshall	Consultant Paediatrician	Royal Hospital For Sick Children	Edinburgh
Dr	David	Marshall	Consultant Physician/Rheumatologist	Inverclyde Royal Hospital	Greenock
Dr	Lindsay	Martin	Consultant Palliative Medicine	Dumfries & Galloway Royal Infirmary	Dumfries
Mrs	Claire	Mathieson	Senior Pharmacist Haematology	Western General	Edinburgh
Dr	Simon	Maxwell	Consultant Clinical Pharmacology	Western General	Edinburgh
Dr	Alistair	McCracken	General Practitioner	Aberlour Medical Centre	Aberlour
Prof	Robin	McCreadie	Consultant Psychiatrist	Crichton Royal Hospital	Dumfries
Ms	Joyce	McDermid	Macmillan Principal Pharmacist	Crosshouse Hospital	Ayrshire
Dr	Alec	McDonald	Consultant Medical Oncologist	Beatson Cancer Centre	Glasgow
Dr	Duncan	McDowall	General Practitioner	Aberlour Medical Centre	Aberlour
Dr	Gerald	McGarry	Consultant Surgeon	Gartnavel General Hospital	Glasgow
Mr	Andrew	McGuire	Practice Pharmacist	Craigvinean Surgery	Perthshire
Dr	Martin	McIntyre	Consultant General Medicine	Royal Alexandria Hospital	Paisley
Dr	Alexander	McKay	General Practitioner	Oldmachar Medical Practice	Aberdeen
Mr	Colin	McKay	Consultant General Surgery	Glasgow Royal Infirmary	Glasgow
Dr	Pam	McKay	Consultant Haematologist	Western Infirmary	Glasgow
Dr	Ruth	McKee	Consultant General Surgery	Glasgow Royal Infirmary	Glasgow
Ms	Sally	McKendrick	Senior Pharmacist	Beatson Cancer Centre	Glasgow
Dr	Ailsa	McLellan	Consultant Paediatric Neurologist	Royal Hospital For Sick Children	Edinburgh
Dr	Mike	McMahon	Consultant Rheumatologist	Dumfries & Galloway Royal Infirmary	Dumfries
Dr	Graeme	McNeill	Consultant Cardiologist	Ninewells Hospital	Dundee
Mr	Alan	McNeill	Consultant Urologist	Western General	Edinburgh
Dr	Grant	McQuaker	Consultant Haematologist	Glasgow Royal Infirmary	Glasgow
Prof	Anil	Mehta	Consultant in Paediatrics	Ninewells Hospital	Dundee
Dr	Boyd	Meiklejohn	Consultant Anaesthetist	Ayr Hospital	Ayr
Dr	David	Meiklejohn	Consultant Haematologist	Ninewells Hospital	Dundee
Dr	Paul	Mensah	Consultant Obstetrician/Gynaecologist	Dumfries & Galloway Royal Infirmary	Dumfries
Mr	Martyn	Merrett	Consultant In Dental Public Health	NHS Tayside	Dundee
Dr	Alistair	Millar	Principal Pharmacist	Royal Infirmary of Edinburgh	Edinburgh

clinical expert panel

Title	Forename	Surname	Designation	Address	City
Dr	Peter	Mills	Consultant Physician & Gastroenterologist	Gartnavel General Hospital	Glasgow
Dr	Amar	Mishra	General Practitioner	Orchard Medical Centre	Motherwell
Dr	Alison	Mitchell	Consultant Palliative Medicine	Beatson Cancer Centre	Glasgow
Mr	Kenneth	Mitchell	Consultant Oncologist	Royal Alexandria Hospital	Paisley
Mr	Leslie	Moffat	Consultant Surgeon	Aberdeen Royal Infirmary	Aberdeen
Dr	Nazia	Mohammed	Consultant Clinical Oncologist	Beatson Cancer Centre	Glasgow
Dr	Jacqueline	Mok	Consultant Paediatrician	Royal Hospital For Sick Children	Edinburgh
Dr	Donald	Montgomery	Consultant Ophthalmologist	Gartnavel General Hospital	Glasgow
Mr	Chris	Morran	Consultant General Surgery	Crosshouse Hospital	Kilmarnock
Prof	Andrew	Morris	Professor of Diabetic Medicine	Ninewells Hospital	Dundee
Dr	Bill	Morrison	Consultant Accident & Emergency	Ninewells Hospital	Dundee
Ms	Paula	Morrison	Principal Pharmacist	Beatson Cancer Centre	Glasgow
Dr	Neil	Morton	Consultant Anaesthetist	Yorkhill	Glasgow
Mrs	Jenny	Mosley	Paediatric Pharmacist	Royal Aberdeen Childrens Hospital	Aberdeen
Dr	Christina	Muirhead	Consultant Palliative Medicine	Ayrshire Hospice	Ayr
Mr	Peter	Mulholland	Principal Pharmacist	Southern General Hospital	Glasgow
Dr	Gayle	Munro	Oncology/Haematology Pharmacist	Ninewells Hospital	Dundee
Prof	Alistair	Munro	Professor of Radiation Oncology	Ninewells Hospital	Dundee
Prof	Colin	Munro	Consultant Dermatologist & Honorary Professor	Southern General Hospital	Glasgow
Mr	Andrew	Murday	Consultant in Cardiac/Transplant Surgery	Glasgow Royal Infirmary	Glasgow
Dr	Ian	Murdoch	General Practitioner	Bo'ness Road Medical Practice	Grangemouth
Mr	Dermot	Murphy	Consultant Breast & General Surgeon	Monklands Hospital	Airdrie
Dr	Rak	Nandwani	Consultant Genito-urinary Medicine	The Sandyford Initiative	Glasgow
Dr	Veronica	Neefjes	Consultant Paediatric Oncologist	Royal Aberdeen Childrens Hospital	Aberdeen
Dr	Paddy	Nibblock	Consultant Clinical Oncologist	Ninewells Hospital	Dundee
Ms	Marianne	Nicolson	Consultant Oncologist	Aberdeen Royal Infirmary	Aberdeen
Dr	Susan	Nimmo	Consultant Anaesthetist	Western General	Edinburgh
Dr	David	Noble	Consultant Anaesthetist	Aberdeen Royal Infirmary	Aberdeen
Dr	John	Norris	Consultant Dermatologist	Dumfries & Galloway Royal Infirmary	Dumfries
Dr	David	Northridge	Consultant Cardiologist	Western General	Edinburgh
Dr	Gerry	O'Kane	General Practitioner	Riverview Medical Centre	Johnstone
Dr	Colin Peter	O'Leary	Consultant Neurologist	Southern General Hospital	Glasgow
Dr	John	Olson	Consultant Ophthalmic Physician	NHS Grampian	Aberdeen
Dr	William	Olver	Consultant Medical Microbiology	Ninewells Hospital	Dundee
Dr	Mary	O'Regan	Consultant in Paediatric Neurology	Royal Hospital For Sick Children	Glasgow
Dr	Jonathan	O'Riordan	Consultant Neurologist	Ninewells Hospital	Dundee
Dr	Anthony	Ormerod	Consultant Dermatologist	Aberdeen Royal Infirmary	Aberdeen
Dr	Noelle	O'Rourke	Consultant Medical Oncologist	Beatson Cancer Centre	Glasgow
Dr	Paul	Padfield	Consultant Endocrinology	Western General	Edinburgh
Dr	Anne	Parker	Consultant Haematologist	Glasgow Royal Infirmary	Glasgow
Dr	David	Parkin	Consultant Gynaecologist/Obstetrician	Aberdeen Royal Infirmary	Aberdeen
Dr	Ruhiyyih	Parris	Consultant in Anaesthesia & Pain Management	Glasgow Royal Infirmary	Glasgow
Mrs	Felicity	Parsons	Charge Nurse	Ninewells Hospital	Dundee
Mr	Mark	Parsons	Principal Clinical Oncology Pharmacist	Ninewells Hospital	Dundee
Ms	Deborah	Paton	Lead Pharmacist	Lynebank Hospital	Dunfermline
Prof	Andrew	Peacock	Scottish Pulmonary Vascular Unit	Western Infirmary	Glasgow
Dr	Donald	Pearson	Consultant Physician / Diabetologist	Aberdeen Royal Infirmary	Aberdeen

Title	Forename	Surname	Designation	Address	City
Dr	Robert	Peel	Consultant Nephrologist	Raigmore Hospital	Inverness
Dr	Brian	Pentland	Consultant Rehabilitation Medicine	Astley Ainslie Hospital	Edinburgh
Dr	Mark	Petrie	Consultant Cardiologist	Glasgow Royal Infirmary	Glasgow
Dr	Richard	Petty	Consultant Neurologist	Southern General Hospital	Glasgow
Dr	Richard	Phelps	Senior Lecturer in Nephrology & Honorary Consultant	Royal Infirmary of Edinburgh	Edinburgh
Dr	Gabby	Phillips	Medical Microbiologist	Ninewells Hospital	Dundee
Mrs	Laureen	Plommer	Chemotherapy Staff Nurse	St Johns Hospital	Livingston
Ms	Lois	Pollock	Senior Oncology Pharmacist	Western General	Edinburgh
Dr	Duncan	Porter	Consultant Rheumatologist	Gartnavel General Hospital	Glasgow
Prof	Ian	Power	Director of Anaesthetics & Pain Management	Royal Infirmary of Edinburgh	Edinburgh
Dr	Clive	Preston	Consultant in Palliative Medicine	Victoria Hospice	Kirkcaldy
Prof	David	Price	Department of General Practice & Primary Care	Foresterhill Health Centre	Aberdeen
Prof	Allan	Price	Consultant Oncologist & Honorary Professor of Radoncology	Western General	Edinburgh
Dr	William	Primrose	Consultant Elderly Medicine	Woodend Hospital	Aberdeen
Dr	Alasdair	Purdie	Ophthalmologist	Royal Alexandria Hospital	Paisley
Dr	Paul	Rafferty	Consultant General Medicine	Dumfries & Galloway Royal Infirmary	Dumfries
Mr	Peter	Raine	Consultant Surgeon	Royal Hospital For Sick Children	Glasgow
Prof	Stuart	Ralston	ARC Professor of Rheumatology	Western General	Edinburgh
Prof	Roy	Rampling	Consultant Medical Oncologist	Beatson Cancer Centre	Glasgow
Prof	Elaine	Rankin	Professor of Cancer Medicine	Ninewells Hospital	Dundee
Dr	Andrew	Rankin	Reader in Medical Cardiology	Glasgow Royal Infirmary	Glasgow
Dr	Penelope	Redding	Consultant Microbiologist	Victoria Infirmary NHS Trust	Glasgow
Dr	Dianna	Reed	Associate Specialist in Sexual Reproductive Health	Abbey Health Centre	Arbroath
Dr	Nick	Reed	Consultant Medical Oncologist	Beatson Cancer Centre	Glasgow
Dr	Thomas	Reid	Consultant Microbiologist	Aberdeen Royal Infirmary	Aberdeen
Prof	Ian	Reid	Consultant Psychiatrist	University of Aberdeen	Aberdeen
Dr	Peter	Reid	Consultant Respiratory Medicine	Western General	Edinburgh
Mrs	Fiona	Reid	Primary Care Pharmacist for Cardiovascular Disease	Newbyres Medical Group	Midlothian
Mr	John	Reidy	Consultant Surgeon	Inverclyde Royal Hospital	Greenock
Dr	George	Rhind	Consultant Elderly Medicine	Dumfries & Galloway Royal Infirmary	Dumfries
Dr	Karen	Richard	Consultant Forensic Psychiatrist	Murray Royal Hospital	Perth
Dr	Bill	Riddle	Consultant Psychiatrist	Herdmanflat & Roodlands Hospitals	Haddington
Ms	Diana	Ritchie	Consultant Oncologist	Beatson Cancer Centre	Glasgow
Dr	Andrew	Robertson	General Practitioner	The Surgery	Aberdeen
Dr	Andrew Gerard	Robertson	Consultant Clinical Oncologist	Beatson Cancer Centre	Glasgow
Dr	James	Robins	Consultant Gynaecologist/Obstetrician	Inverclyde Royal Hospital	Greenock
Dr	Peter	Robinson	Consultant in Paediatric Metabolic Disease	Royal Hospital For Sick Children	Glasgow
Dr	Stuart	Rochow	Consultant Geriatrician	Woodend Hospital	Aberdeen
Dr	Huw	Roddie	Consultant Haematologist	Western General	Edinburgh
Dr	Stuart	Rodger	Consultant Nephrologist	Western General	Glasgow
Mr	Paul	Rogers	Consultant Vascular Surgeon	Gartnavel General Hospital	Glasgow
Dr	Stuart	Roxburgh	Consultant Ophthalmologist	Ninewells Hospital	Dundee
Dr	Ian	Rudd	Pharmacist	Raigmore Hospital	Inverness

clinical expert panel

Title	Forename	Surname	Designation	Address	City
Dr	Martin	Russell	Consultant Medical Oncologist	Beatson Cancer Centre	Glasgow
Dr	Philip	Rutledge	Consultant	NHS Lothian	Edinburgh
Dr	Michael	Ryan	General Practitioner	Baronscourt Surgery	Edinburgh
Dr	Azmat	Sadozye	Consultant Medical Oncologist	Beatson Cancer Centre	Glasgow
Dr	Leslie	Samuel	Consultant Oncologist	Aberdeen Royal Infirmary	Aberdeen
Prof	Peter	Sandercock	Professor of Medical Neurology	Western General	Edinburgh
Dr	Jairam	Sastry	Consultant Paediatric Oncologist	Royal Hospital For Sick Children	Glasgow
Dr	Jack	Satsangi	Consultant Gastroenterologist	Western General	Edinburgh
Dr	Bernd	Schwahn	Consultant Paediatrician	Royal Hospital For Sick Children	Glasgow
Dr	Fiona	Scott	Consultant Haematologist	Ninewells Hospital	Dundee
Dr	Gordon	Scott	Consultant Genito-urinary Medicine	Royal Infirmary of Edinburgh	Edinburgh
Dr	James Angus	Scott	Consultant Ophthalmologist	Stirling Royal Infirmary	Stirling
Dr	Andrew	Seaton	Consultant Infectious Diseases	Gartnavel General Hospital	Glasgow
Dr	Mick	Serpell	Consultant & Senior Lecturer in Anaesthesia	Gartnavel General Hospital	Glasgow
Dr	Alison	Severn	Consultant Physician	Ninewells Hospital	Dundee
Ms	Irene	Sharkie	Lead Principal Pharmacist - Mental Health	Carseview Centre	Dundee
Mr	Thom	Shaw	Principal Pharmacist - Mental Health	New Craigs Hospital	Inverness
Mr	Michael	Shearer	Consultant Urologist	Dumfries & Galloway Royal Infirmary	Dumfries
Dr	Pat	Shepherd	Consultant Haematologist	Western General	Edinburgh
Dr	Alan	Shepherd	Consultant General Medicine	Perth Royal Infirmary	Perth
Dr	William	Simpson	Consultant Chemical Pathologist	Aberdeen Royal Infirmary	Aberdeen
Dr	David	Simpson	Consultant Anaesthetist	Royal Hospital For Sick Children	Edinburgh
Dr	Thomas	Sinclair	Consultant Physician/Gastroenterologist	Aberdeen Royal Infirmary	Aberdeen
Dr	Norman	Smith	Consultant Obstetrician	Aberdeen Maternity Hospital	Aberdeen
Dr	Robin	Smith	Consultant Respiratory Physician	Ninewells Hospital	Dundee
Mr	Allan	Smith	Senior Pharmacist	Gartnavel General Hospital	Glasgow
Dr	Kelly	Smith	Senior Cancer Care Pharmacist	Southern General Hospital	Glasgow
Mr	John	Smith	Consultant General Surgery	Stobhill Hospital	Glasgow
Dr	Vijay	Sonthalia	General Practitioner	Huntergreen Medical Practice	East Kilbride
Mr	David	Soutar	Plastic & Reconstructive Surgeon	Glasgow Royal Infirmary	Glasgow
Dr	Richard	Soutar	Consultant in Haematology & Transfusion Medicine	Western Infirmary	Glasgow
Dr	John	Starr	Consultant Geriatrician	Royal Victoria Hospital	Edinburgh
Mr	David	Steedman	Consultant Accident & Emergency	Royal Infirmary of Edinburgh	Edinburgh
Prof	David	Stott	Consultant in Geriatric Medicine	Glasgow Royal Infirmary	Glasgow
Prof	Roger	Sturrock	Professor of Rheumatology	Glasgow Royal Infirmary	Glasgow
Dr	Razvi	Syed	Consultant Neurologist	Southern General Hospital	Glasgow
Mr	Iain	Tait	Clinical Senior Lecturer	University of Dundee	Dundee
Dr	R Campbell	Tait	Consultant Haematologist	Glasgow Royal Infirmary	Glasgow
Dr	Angela	Thomas	Consultant Haematologist	Royal Hospital For Sick Children	Edinburgh
Prof	Neil	Thomson	Professor of Respiratory Medicine	Gartnavel General Hospital	Glasgow
Dr	Michelle	Thornton	Consultant Surgeon	Wishaw General Hospital	Wishaw
Dr	Jane	Tighe	Consultant Haematologist	Aberdeen Royal Infirmary	Aberdeen
Mr	Alan	Timmins	Principal Pharmacist	Queen Margaret Hospital	Dunfermline
Dr	Andrew	Todd	Consultant Infectious Diseases	Monklands Hospital	Airdrie
Dr	Anthony	Toft	Consultant General Medicine	Royal Infirmary of Edinburgh	Edinburgh
Ms	Janet	Trundle	Macmillan Specialist Pharmacist in Palliative Care	Dykebar Hospital	Paisley

Title	Forename	Surname	Designation	Address	City
Prof	Brian	Walker	Consultant Diabetes	Western General	Edinburgh
Prof	Isobel	Walker	Consultant Haematologist	Glasgow Royal Infirmary	Glasgow
Mr	James	Wallace	Director of Pharmacy	Yorkhill Division, NHS Greater Glasgow	Glasgow
Prof	Charles	Warlow	Professor of Medical Neurology	Western General	Edinburgh
Dr	Ashita	Waterston	Consultant Medical Oncologist	Beatson Cancer Centre	Glasgow
Dr	Henry	Watson	Consultant Haematologist	Aberdeen Royal Infirmary	Aberdeen
Dr	John	Webster	Consultant Physician	Aberdeen Royal Infirmary	Aberdeen
Dr	Belinda	Weller	Consultant Neurologist	Western General	Edinburgh
Dr	Frank	Westerduin	Consultant Accident Emergency	Inverclyde Royal Hospital	Greenock
Dr	Jeff	White	Consultant Medical Oncologist	Beatson Cancer Centre	Glasgow
Dr	Peter	Wiggins	General Practitioner	Castlemilk Health Centre	Glasgow
Dr	David	Williams	Consultant Pharmacologist	Aberdeen Royal Infirmary	Aberdeen
Dr	Dewi	Williams	Consultant Anaesthetist	Dumfries & Galloway Royal Infirmary	Dumfries
Dr	John	Wilson	Consultant in Anaesthesia & Pain Medicine	Royal Infirmary of Edinburgh	Edinburgh
Ms	Sarah	Wilson	Senior Cancer Care Pharmacist	Beatson Cancer Centre	Glasgow
Dr	Phyllis	Windsor	Consultant Radiotherapist & Oncologist	Ninewells Hospital	Dundee
Dr	John	Winter	Consultant Physician	Ninewells Hospital	Dundee
Dr	Gillian	Wood	Anaemia Coordinator	Ninewells Hospital	Dundee
Ms	Sherry	Wright	Lead Directorate Pharmacist	Royal Infirmary of Edinburgh	Edinburgh
Dr	Asad	Zoma	Consultant Physician in Rheumatology	Hairmyres Hospital	Glasgow



SMC Members Declared Personal/Non Personal Interests

Members	Personal Interests Name of Company	Nature of Interest	Non-Personal Interests Name of Company	Nature of Interest	Current Y/N	Additional Information
Prof James Barbour OBE	NHS National Services Scotland NHS Lothian	Non-executive Director - Remuneration Chief Executive - salary	Queen Margaret University Institute of Healthcare Management Royal College of Physicians Edinburgh First Division Association	Honorary Professor Member Fellow Member	Y Y Y Y	
Mrs Marion Bennie	Wyeth	Life Sciences Lecture and Dinner	No declared interests			
Dr Jonathan Fox	No declared interests		AstraZeneca	Research funding - rosuvastatin	Y	
Dr John Gemmill	No declared interests		Sanofi-aventis	Travel & hospitality to attend Conference in Chicago	Y	
Dr Barclay Goudie	Pfizer	Investigator fees (practice partnership)	No declared interests			
Mrs Anne Lee*	Sanofi-aventis Wyeth	Fees received for contribution to publication supported by educational grant CPD Seminar	No declared interests			
Dr Alan MacDonald	Roche Pharmaceuticals Pfizer Abbott	Consultancy work Speakers Fees Sponsorship to attend international conferences	No declared interests			
Dr Frances Macdonald	Actelion	Recent past General Manager shares	No declared interests			
Mrs Laura Malver*	Wyeth	CPD Seminar	No declared interests			
Prof Dilip Nathwani	Pfizer Wyeth Novartis Janssen Cilag	UK and Global advisory board for Zyxos UK advisory board for tigecycline UK advisory board for daptomycin UK advisory board for ceftibiprole	No declared interests			
Mrs Wendy Nganasurian	No declared interests		Altana Pharma Ltd AstraZeneca Trinity Chiesi GlaxoSmithKline IVAX Pharmaceuticals Merck Sharp & Dohme Novartis Schering Plough Ranbaxy Pfizer	Corporate support Corporate support Corporate support Corporate support Corporate support Corporate support Corporate support Activity support Activity support		Trustee of Asthma UK
Dr Anthony Ormerod	Merck Serono Abbott Astellas	Invited Lecture on Biologies, Advisory Board Advisory Board Advisory Board	Abbott Mediquest Scheining-Plough Wyeth Boehringer-Ingelheim NovaBiofics	Clinical trials on biologics Clinical trial on topical Methocortate Clinical trial on Infliximab Clinical trial on Efanercept Clinical trial on Antipsoriatic Agent Clinical trial NP 213	Y Y Y N N Y	Chief Investigator, British Association of Dermatologists (BAD) Discussing possible research grant with Wyeth and Abbott

* Observer status

SMC Members Declared Personal/Non Personal Interests

Members	Personal Interests Name of Company	Nature of Interest	Non-Personal Interests Name of Company	Nature of Interest	Current Y/N	Additional Information
Dr Kenneth Paterson	No declared interests		AstraZeneca Novartis Servier Takeda Sanofi Lilly	Research funding - EGIR project Research funding - aliskiren Research funding - inapamide Research funding - pioglitazone Research funding - trainee survey Research funding - AVE0010 Research funding - trainee survey	Y Y Y Y Y Y	Board member - Faculty of Pharmaceutical Medicine Council member - Royal College of Physicians and Surgeons of Glasgow Committee member - Scottish Advisory Committee on Distinction Awards Honorary Auditor - European Association for the Study of Diabetes
Dr Nick Reed	Schering Plough GlaxoSmithKline Bristol Myers Squibb	Advisory board fees Advisory board fees Advisory board fees	Novartis Roche Johnson & Johnson Pfizer Sanofi Aventis Nektar Ipsen Bayer Ariad Oxigena Exeltis Esai Novartis	Sponsorship & support of clinical trials activity in BOC (Patupilone) Sponsorship & support of clinical trials activity in BOC (tarceva) Sponsorship & support of clinical trials activity in BOC (Epex) Sponsorship & support of clinical trials activity in BOC (AG-4061 027) Sponsorship & support of clinical trials activity in BOC (VEGF Trap) Sponsorship & support of clinical trials activity in BOC (Lanreotide) Sponsorship & support of clinical trials activity in BOC (sagopilone) Sponsorship & support of clinical trials activity in BOC (Defolimus) Sponsorship & support of clinical trials activity in BOC (Combretastatin) Sponsorship & support of clinical trials activity in BOC (XL-184) Sponsorship & support of clinical trials activity in BOC (E7080) Sponsorship & support of clinical trials activity in BOC (RAD 001)	Y Y Y Y Y Y Y Y Y Y Y Y	Member CRUK CTAAC Member CRUK PBSC Council member UKINET Council member ESGO
Dr Alexander Simpson	Eli Lilly	Employee - salary, shares	Eli Lilly	Existing portfolio as competitor products		
Ms Angela Timoney	No declared interests		GlaxoSmithKline Wyeth	Speaker at conference 2007 Attendance at conference 2007		
Dr Andrew Walker*	Novartis Boehringer Ingelheim Schering Plough Glaxo Smith Kline Merck Sharp and Dohme Astellas AstraZeneca	Speaker's fee and advisory board Speaker's fee Speaker's fee Speaker's fee and advisory board Advisory board Speaker's fee and advisory board	University of Glasgow Novartis Merck Sharp and Dohme Glaxo Smith Kline	Employer Paid for time to run seminars/teaching Paid for time to run seminars/teaching Paid for time to run seminars/teaching	Y Y Y Y	Undertake "key opinion leader" telephone surveys for a number of consultancy companies. These relate to product areas, anonymised new products, and the HTAS environment in the UK for the following companies: Bridgehead, Adelphi, Helix Total Healthcare Solutions, Gillian Kenny, Bio-Insights, 13 Global. Involved in preparing SMC submissions, with MAPI Values. The company paid my travel and accommodation expenses to attend the ISPOR conference in Athens in November 2008. I spoke at a seminar organized by MAPI while at the conference

* Observer status

SMC Members Declared Personal/Non Personal Interests

Members	Personal Interests Name of Company	Nature of Interest	Non-Personal Interests Name of Company	Nature of Interest	Current Y/N	Additional Information
Mr Mike Wallace	Medico Legal Investigations Ltd Datapharm Communications Ltd ABPI	Chairman and consultancy: fee Non-executive Director: fee Member, Access Strategy Group: fee	No declared interests			
Prof David Webb	Encysive	Organisation of educational meeting	British Heart Foundation British Pharmacological Society Royal College of Physicians of Edinburgh Encysive Pharmaceuticals Speedel	Chair of Project Grant Committee Chair, Director and Trustee Trustee and Vice-President Department grants for research Department grants for research	Y Y Y Y Y	

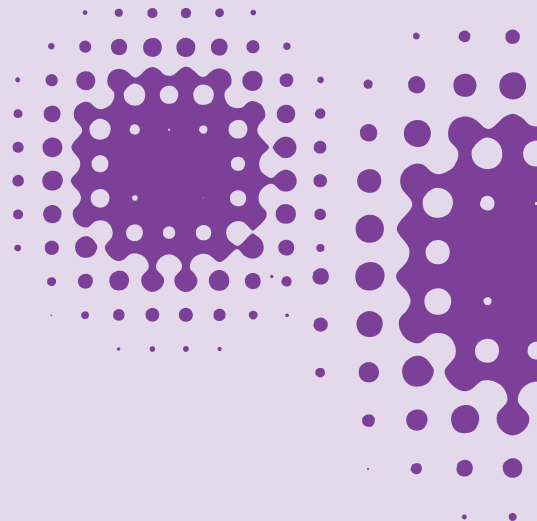
* Observer status



NDC Members Declared Personal/Non Personal Interests

Members	Personal Interests Name of Company	Nature of Interest	Non-Personal Interests Name of Company	Nature of Interest	Current Y/N	Additional Information
Mrs Corinne Booth*	No declared interests		Novartis	Speaker's fee	Y	
Mr Phil Booth	Amgen Sanofi-Aventis	Past employee Salary - employee, shares	No declared interests		N Y	
Mr Nick Bruce	Pfizer Limited	Salary - employee	No declared interests			
Mr Scott Byson	Schering Plough	Consultancy	Johnson and Johnson	Education and training support for NHS Board Smoking Cessation Programme	Y Y Y	
Dr Ewen Cummins*	Eczema Scotland National Eczema Society	Immediate Past Chairman Member	No declared interests		Y Y	
Prof Peter Donnan	Serono Schering Plough	Consultancy - Rebif for multiple sclerosis Consultancy - Infliximab and golimumab for psoriatic arthritis	No declared interests		Y Y	
Dr Jane Gravid	No declared interests		Schering-Plough Amgen Pfizer GlaxoSmithKline	Research Study Drug Study Drug Safety Study Grants/PhD sponsorship	Y Y Y Y	
Miss Jane Griffin	GlaxoSmithKline Boehringer Ingelheim Ltd	Specific - speaker's fee - honoraria Speakers fee-honoraria	Boehringer Ingelheim	Drug Study	Y	
Dr John Larkin	Boehringer Ingelheim Ltd Merck, Sharp & Dohme	Salary - employee Meeting sponsorship	No declared interests			
Mrs Anne Lee*	Schering-Plough Sanofi Aventis Wyeth	European rheumatology meeting sponsorship Fees received for contribution to a publication supported by educational grant CPD Seminar	No declared interests		Y Y	Participation in MSD training days

* Observer status



NDC Members Declared Personal/Non Personal Interests

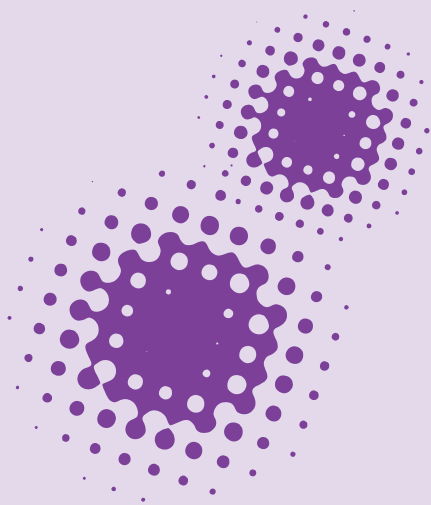
Members	Personal Interests Name of Company	Nature of Interest	Non-Personal Interests Name of Company	Nature of Interest	Current Y/N	Additional Information
Mrs Laura McIver*	Wyeth	CPD Seminar	No declared interests			
Dr James McLay	Generics UK Ltd	Consultancy	AstraZeneca Merck, Sharp & Dohme British Hypertension Society Educational Committee	Principal Investigator for rosuvastatin study Principal Investigator for losartan in heart failure (HEAL) study Principal Investigator for sitagliptin antidiabetic study Co Chair - received grant from AstraZeneca	Y Y	
Ms Sandra McNaughtan	No declared interests		Servier	Training support to primary care team	Y	
Dr Kenneth R. Paterson	No declared interests		AstraZeneca Novartis Servier Takeda Sanofi Sanofi Lilly	Research funding - EGIR project Research funding - aliskiren Research funding - indapamide Research funding - pioglitazone Research funding - trainee survey Research funding - AVE0010 Research funding - trainee survey	Y Y Y Y Y Y Y	Board member - Faculty of Pharmaceutical Medicine Council member - Royal College of Physicians and Surgeons of Glasgow Committee member - Scottish Advisory Committee on Distinction Awards Honorary Auditor - European Association for the study of diabetes
Ms Angela Timoney	No declared interests		GlaxoSmithKline Wyeth	Speaker at conference 2007 Attendance at conference 2007		
Mr Keith Tolley*	Nycomed Bayer Sanofi Aventis Easol Shire Topo Target Novartis Novo Nordisk Roche Bausch & Lomb Pfizer	Consultancy Consultancy Consultancy Consultancy Consultancy Consultancy Consultancy Consultancy Consultancy Shares	No declared interests			
Dr Andrew Walker*	Novartis Boehringer Ingelheim Schering Plough Glaxo Smith Kline Merck Sharp and Dohme Astellas AstraZeneca	Speaker's fee & advisory board Speaker's fee Speaker's fee Speaker's fee and advisory board Advisory board Speaker's fee and advisory board	University of Glasgow Novartis Merck Sharp and Dohme Glaxo Smith Kline	Employer Paid for time to run seminars/teaching Paid for time to run seminars/teaching Paid for time to run seminars/teaching	Y Y Y Y	Undertake "key opinion leader" telephone surveys for a number of consultancy companies. These relate to product areas. These anonymised new products, and the HTAS environment in the UK for the following companies: Bridgehead, Adelphi, Helix, Total Healthcare Solutions, Gillian Kenny, Bio-Insights, I3Global. Involved in preparing SMC submissions, with MAPI Values. The company paid my travel and accommodation expenses to attend the ISPOR conference in Athens in November 2008. I spoke at a seminar organized by MAPI while at the conference

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NDC Members Declared Personal/Non Personal Interests

Members	Personal Interests Name of Company	Nature of Interest	Non-Personal Interests Name of Company	Nature of Interest	Current Y/N	Additional Information
Dr Matthew Walters	Merck, Sharp & Dohme Servier Sanofi-Aventis Boehringer Ingelheim	Professional fees Professional fees Professional fees Professional fees	Merck, Sharp & Dohme Servier Servier	Research Grant Departmental Funding Research Grant	N Y N	Investigator in 2 projects funded by the translational medicine research consortium which is funded in part by Wyeth Pharmaceuticals.
Ms Janice Watt	Wyeth	CPD Seminar	No declared interests			

* Observer status



www.scottishmedicines.org.uk

Visit the SMC website to learn more about who we are and what we do. The website is a useful information tool providing SMC advice on newly licensed medicines. Manufacturers can download information on how to make a submission and the work programme provides a listing of drugs undergoing assessment.

Our public involvement section provides information on public involvement within SMC and how to make a patient interest group submission. Information about our membership, associated groups, minutes of meetings, policy statements, engagement with clinical experts, links to other work streams and notification of forthcoming events is all published on the site. In addition there is a facility to subscribe and users will receive an e-mail alert each month containing SMC advice updates.

website statistics

Month	Visitors	Hits	Page Views
January	5,383	6,096	35,938
February	5,204	5,838	35,018
March	5,013	5,683	31,228
April	5,188	5,846	34,033
May	4,893	5,677	31,517
June	4,988	5,799	31,720
July	4,798	5,451	27,317
August	4,688	5,357	28,957
September	5,030	5,711	31,761
October	5,643	6,421	35,988
November	4,514	5,072	28,054
December	3,808	4,312	23,729
Total	59,150	67,263	375,260
Average per day	162	184	1,028

index of SMC advice

Product	Submission Type	BNF Category	Page
adalimumab 40mg solution for injection (Humira)	Full	Skin	12
alemtuzumab 30mg/ml for concentrate for solution for infusion (MabCampath)	Full	Malignant disease & immunosuppression	14
alisikiren 150mg and 300mg film-coated tablets (Rasilez)	Full	Cardiovascular system	11
ambisentan 5mg and 10mg tablets (Volibris)	Full	Cardiovascular system	16
anidulafungin 100mg powder and solvent for concentrate for solution for infusion (Ecalta)	Resubmission	Infections	11
aripiprazole 5mg, 10mg, 15mg, 30mg tablets; 10mg, 15mg orodispersible tablets; 1mg/ml oral solution (Abilify)	Full	Central nervous system	15
aripiprazole solution for intramuscular injection 7.5 mg/ml in a 9.75 mg vial (Abilify)	Abbreviated	Central nervous system	22
atazanavir 300mg capsules (Reyataz)	Full	Infections	17
bevacizumab (Avastin)	Non Submission	Malignant disease & immunosuppression	23
bevacizumab 100mg and 400mg vials (Avastin)	Full	Malignant disease & immunosuppression	12
bivalirudin 250mg powder for concentrate for solution for injection or infusion (Angiox)	Full	Cardiovascular system	17
bosentan 62.5mg, 125mg film coated tablets (Tracleer)	Non Submission	Cardiovascular system	23
bosentan 62.5mg, 125mg film-coated tablets (Tracleer)	Non Submission	Cardiovascular system	24
buprenorphine transdermal patches 5, 10 and 20 microgram/hour 7-day formulation (BuTrans)	Resubmission	Central nervous system	6
buserelin 9.45mg implant for subcutaneous use (Suprefact Depot)	Abbreviated	Malignant disease & immunosuppression	20
capecitabine 150mg and 500mg tablets (Xeloda)	Full	Malignant disease & immunosuppression	16
cinacalcet 30mg, 60mg & 90mg (Mimpara)	Non Submission	Endocrine system	24
clobetasol propionate 0.05% shampoo (Etrivex)	Resubmission	Skin	8
clostridium botulinum neurotoxin type A 100 unit powder for solution for injection (Xeomin)	Full	Central nervous system	11
colesevelam hydrochloride (Cholestagel)	Non Submission	Endocrine system	23
dabigatran etexilate 75mg and 110mg hard capsules (Pradaxa)	Full	Cardiovascular system	11
daptomycin 350mg and 500mg vials of powder for solution for infusion (Cubicin)	Full	Infections	9
dexrazoxane 500mg vial of powder for intravenous infusion (Savene)	Resubmission	Musculoskeletal and joint disease	6
diclofenac 75mg/2ml of solution for intravenous injection (Dyloject)	Full	Central nervous system	9
docetaxel 20 and 80mg concentrate and solvent for solution for infusion (Taxotere)	Full	Malignant disease & immunosuppression	13
duloxetine (Cymbalta) 30mg & 60 mg hard gastro-resistant capsules	Non Submission	Central nervous system	24
efavirenz 600mg, emtricitabine 200mg, tenofovir disoproxil 245mg as fumarate (Atripla)	Abbreviated	Infections	19
epoetin zeta (Retacrit)	Full	Nutrition and blood	11
escitalopram 5, 10 and 20 mg Film-coated tablets and 10 mg/ml oral drops, solution (Cipralex)	Non Submission	Central nervous system	22
etonogestrel/ethinylestradiol vaginal ring (NuvaRing)	Full	Endocrine system	15
fentanyl 100, 200, 400, 600 and 800 microgram buccal tablet (Effentora)	Full	Central nervous system	16
ferric carboxymaltose 100mg/2ml and 500mg/10ml solution for Injection / infusion (Ferinject)	Full	Nutrition and blood	11
fesoterodine fumarate 4mg and 8mg prolonged release tablets (Toviaz)	Full	Obstetrics, gynaecology & urinary-tract disorders	13
flecainide acetate capsules 200mg (Tambocor XL)	Abbreviated	Cardiovascular system	22
follitropin alfa 150 IU/ lutropin alfa 75 IU solution for injection (Pergoveris)	Abbreviated	Endocrine system	19
fondaparinux sodium 2.5mg/0.5ml pre-filled syringe for injection (Arixtra)	Full	Cardiovascular system	8
fosaprepitant 115mg powder for solution for infusion (Ivemend)	Full	Central nervous system	16
glucosamine (as hydrochloride) 625mg tablets (Atateris)	Full	Musculoskeletal and joint disease	12
glyceryl trinitrate 0.4% rectal ointment (Rectogesic)	Resubmission	Gastro-intestinal system	6
ibritumomab tiuxetan 1.6mg/ml (Zevalin)	Non Submission	Malignant disease & immunosuppression	24
icatibant 30mg/3ml solution for subcutaneous injection in pre-filled syringes (Firazyr)	Full	Cardiovascular system	12
imiquimod 5% cream (Aldara)	Resubmission	Skin	7
infiximab 100mg powder for concentrate for solution for Infusion, (Remicade)	Full	Gastro-intestinal system	9
insulin glargine 100 units/ml solution for injection in a pre-filled pen (Lantus SoloStar)	Abbreviated	Endocrine system	19
insulin glulisine 100 units/ml solution for injection in a pre-filled pen (Apidra Solostar)	Abbreviated	Endocrine system	19
insulin glulisine solution for subcutaneous injection 100 units/ml (Apidra)	Abbreviated	Endocrine system	21
insulin lispro 100 units/ml solution for injection in a pre-filled pen (Humalog KwikPen)	Abbreviated	Endocrine system	21
insulin lispro 100 units/ml suspension for injection (Humalog Mix25 KwikPen) and insulin lispro 100 units/ml suspension for injection	Abbreviated	Endocrine system	21
lenalidomide 5mg,10mg,15mg and 25mg capsules (Revlimid)	Full	Malignant disease & immunosuppression	8

Product	Submission Type	BNF Category	Page
levetiracetam 250,500,750 and 1000mg tablets and levetiracetam oral solution 100mg/ml (Keppra)	Resubmission	Central nervous system	7
levetiracetam 250, 500, 750 and 1000mg tablets and levetiracetam oral solution 100mg/ml (Keppra)	Resubmission	Central nervous system	7
levetiracetam 250, 500, 750 and 1000mg tablets and levetiracetam oral solution 100mg/ml (Keppra)	Resubmission	Central nervous system	7
levetiracetam 250, 500, 750 and 1000mg tablets and levetiracetam oral solution 100mg/ml (Keppra)	Resubmission	Central nervous system	7
lidocaine 5% medicated plaster (Versatis)	Resubmission	Central nervous system	6
lidocaine 70mg / tetracaine 70mg (Rapydan 70 mg / 70 mg medicated plaster)	Non Submission	Anaesthesia	23
loteprednol etabonate 0.5% 5mg/ml (Lotemax 0.5% eye drops, suspension)	Non Submission	Eye	23
maraviroc 150 mg and 300 mg tablets (Celsentri)	Resubmission	Infections	10
melatonin 2mg prolonged-release tablets (Circadin)	Non Submission	Central nervous system	24
mesalazine 1200mg gastro-resistant prolonged release tablet (Mezavant XL)	Abbreviated	Gastro-intestinal system	19
methoxy polyethylene glycol-epoetin beta for injection (Mircera)	Full	Nutrition and blood	10
methylnaltrexone 12mg in 0.6ml solution for injection (Relistor)	Full	Gastro-intestinal system	17
micafungin 50 and 100mg powder for solution for infusion (Mycamine)	Full	Infections	15
miconazole 50mg muco-adhesive buccal tablets (Loramyc)	Full	Infections	17
nelarabine 5mg/ml solution for infusion (Atriance)	Full	Malignant disease & immunosuppression	10
nilotinib 200mg capsules (Tasigna)	Full	Malignant disease & immunosuppression	8
paliperidone 3, 6 and 9mg prolonged release tablets (Invega)	Full	Central nervous system	10
panitumumab 20mg/ml concentrate for solution for infusion (Vectibix)	Non Submission	Malignant disease & immunosuppression	23
paricalcitol 5 micrograms/ml and 10 micrograms/ml solution for injection (Zemplar)	Resubmission	Nutrition and blood	6
paricalcitol capsules 1, 2 and 4 micrograms (Zemplar)	Full	Nutrition and blood	12
pegylated interferon 2b (ViraferonPeg), in combination with ribavirin (Rebetol)	Full	Malignant disease & immunosuppression	13
pegylated liposomal doxorubicin 2mg/ml concentrate for solution for infusion (Caelyx)	Full	Malignant disease & immunosuppression	15
pemetrexed 500mg vial of powder for solution for intravenous infusion (Alimta)	Resubmission	Malignant disease & immunosuppression	6
perindopril arginine 2.5mg, 5mg, 10mg tablets (Coversyl Arginine)	Abbreviated	Cardiovascular system	20
perindopril arginine 5mg and indapamide 1.25mg tablets (Coversyl Arginine Plus)	Abbreviated	Cardiovascular system	20
quetiapine 50mg, 200mg, 300mg and 400mg prolonged-release tablet (Seroquel XL)	Abbreviated - Deferred	Central nervous system	25
rabbit anti-human thymocyte immunoglobulin 25mg powder for solution for infusion (Thymoglobuline)	Full	Malignant disease & immunosuppression	14
raltegravir 400mg film-coated tablet (Isentress)	Full	Infections	10
retapamulin (Altargo)	Non Submission	Skin	23
rituximab 100mg and 500mg concentrate for solution for infusion (MabThera)	Full	Malignant disease & immunosuppression	14
rivaroxaban 10mg film-coated tablets (Xarelto)	Full	Cardiovascular system	17
ropinirole 2 mg, 4 mg, 8 mg prolonged-release tablets (Requip XL)	Abbreviated	Central nervous system	20
rufinamide 100mg, 200mg and 400mg tablets (Inovelon)	Resubmission	Central nervous system	8
salbutamol (as sulphate) 100 micrograms per dose as powder for inhalation (Salbutin MDPI Novolizer)	Abbreviated	Respiratory system	21
salmeterol/fluticasone 50/500 micrograms inhaler (Seretide 500 Accuhaler)	Resubmission	Respiratory system	9
sitagliptin (Janumet 50/850) & sitagliptin metformin hydrochloride (Janumet 50/1000)	Abbreviated	Endocrine system	21
sitagliptin 100mg tablet (Januvia)	Full	Endocrine system	16
sorafenib 200mg tablets (Nexavar)	Full	Malignant disease & immunosuppression	13
stiripentol (Diacomit)	Full	Central nervous system	18
telbivudine 600mg film-coated tablets (Sebivo)	Full	Infections	8
tenofovir disoproxil (as fumarate), 245 mg film-coated tablet (Viread)	Full	Infections	13
teriparatide 20 micrograms/80 microlitres, solution for injection, in prefilled pen (Forsteo)	Non Submission	Endocrine system	24
teriparatide 750 micrograms/3ml solution for injection prefilled pen (Forsteo)	Full	Endocrine system	14
thalidomide 50mg hard capsule (Thalidomide Pharmion)	Full	Malignant disease & immunosuppression	18
trabectedin 0.25 mg, 1 mg powder for concentrate for solution for infusion (Yondelis)	Full	Malignant disease & immunosuppression	10
venlafaxine (Efexor XL)	Non Submission	Central nervous system	24
vildagliptin (Galvus)	Full - Deferred	Endocrine system	25
vildagliptin/metformin hydrochloride (Eucreas)	Abbreviated	Endocrine system	20
zoledronic acid 5mg/100ml solution for infusion (Aclasta)	Non Submission	Musculoskeletal and joint disease	24
zoledronic acid 5mg solution for infusion (Aclasta)	Full	Endocrine system	9





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