NEW DRUG RECOMMENDATIONS
SEPTEMBER 2011

NHS Greater Glasgow and Clyde

Section 1: Medicines accepted by SMC – Major Changes to Formulary

Medicine name:	**Tapentadol (Palexia® SR)** *Grunenthal Ltd*	Reason for consideration:	**New medicine**
Indication under review:	**Management of severe chronic pain in adults, which can be adequately managed only with opioid analgesics.**		
SMC/ HIS reference:	**SMC 654/10 [Resubmission] [Deferred Decision]**		
Summary of advice:	**Accepted for restricted use in NHS Scotland**		
SMC/HIS restriction and comments:	The SMC restriction was for patients in whom morphine sulphate modified release has failed to provide adequate pain control or is not tolerated. Results of a meta-analysis of three, 12-week studies suggest that tapentadol prolonged release has improved gastrointestinal tolerability and similar efficacy compared to another long-acting opioid included as an active control. The manufacturer's submission related only to the use of tapentadol prolonged release in severe chronic pain. SMC has not yet received a submission for tapentadol immediate release tablets for the relief of moderate to severe acute pain in adults, which can be adequately managed only with opioid analgesics. Tapentadol immediate release tablets are not recommended for use in NHS Scotland.		
FND recommendation:	**Add to Total Formulary** **Restricted to patients who have failed to respond or tolerate both morphine and oxycodone.**		✓R
ADTC Decision 10/10/11	**AGREED – no requirement to state date of BSR.**		

Medicine name:	**Denosumab pre-filled syringe (Prolia®)** *Amgen*	Reason for consideration:	**New medicine**
Indication under review:	**Treatment of osteoporosis in postmenopausal women at increased risk of fractures. Denosumab significantly reduces the risk of vertebral, non vertebral and hip fractures.**		
SMC/ HIS reference:	**SMC 651/10 [Deferred Decision]**		
Summary of advice:	**Accepted for restricted use in NHS Scotland**		
SMC/HIS restriction and comments:	SMC restriction is for use only in patients with a bone mineral density (BMD) T-score < -2.5 and ≥ -4.0 for whom oral bisphosphonates are unsuitable due to contraindication, intolerance or inability to comply with the special administration instructions. Treatment with denosumab for three years significantly reduced the incidence of new vertebral, non-vertebral and hip fractures compared with placebo in postmenopausal women at increased risk of fractures.		
FND recommendation:	**Add to Total Formulary** **Restricted to use in accordance with local protocol.**		✓R
ADTC Decision 10/10/11	**AGREED**		

Key to recommendations and symbols:
- ✓ Added to Formulary
- ✓R Added to Formulary with restrictions
- ✗ Not added to Formulary
- Specialist initiation only
- Specialist use only
- ? Awaiting final decision

Medicine name:	**Golimumab (Simponi®)** *MSD*	Reason for consideration:	**New medicine**
Indication under review:	**Treatment of severe active ankylosing spondylitis in adult patients who have responded inadequately to conventional therapy.**		
SMC/ HIS reference:	**SMC 721/11 [Full Submission]**		
Summary of advice:	**Accepted for restricted use in NHS Scotland**		
SMC/HIS restriction and comments:	**SMC restriction: Use in accordance with the British Society for Rheumatology (BSR) guidelines for anti-TNFα agents in adults with ankylosing spondylitis. Golimumab is restricted to use at a dose of 50mg only.** In a placebo controlled study golimumab 50mg and 100mg were superior to placebo given every four weeks in terms of the proportion of patients who achieved at least 20% improvement in the Assessment in AS International Working group Criteria at week 14. An indirect comparison indicates that golimumab has similar efficacy to two other anti-TNFα agents used in the treatment of ankylosing spondylitis. The economic case was demonstrated for golimumab when used at a dose of 50mg. The economic case was not demonstrated for the 100mg dose of golimumab.		
FND recommendation and Formulary restriction:	**Add to Total Formulary** **Restricted to use in accordance with the British Society for Rheumatology (BSR) guidelines of July 2004. Use of the 100mg dose has not been accepted by SMC and remains non-Formulary**		✓R
ADTC Decision 10/10/11	**AGREED subject to the date of July 2004 being removed.**		

Section 2: Medicines accepted by SMC – Minor or no changes to Formulary

Medicine name:	**Cetuximab (Erbitux®)** *Merck Serono Ltd*	Reason for consideration:	**New indication**
Indication under review:	**Treatment of patients with epidermal growth factor receptor (EGFR)-expressing, Kirsten rat sarcoma (KRAS) wild-type metastatic colorectal cancer in combination with chemotherapy**		
SMC/ HIS reference:	**SMC 543/09 [Resubmission] [/Deferred Decision]**		
Summary of advice:	**Accepted for restricted use in NHS Scotland**		
SMC/HIS restriction and comments:	Post hoc analyses from one phase III and one phase II study in patients with KRAS wild-type status who had not previously received chemotherapy for metastatic disease, showed an increase in overall response rate and a small, but statistically significant, increase in median progression free survival time, when cetuximab was added to standard first-line combination chemotherapy. Cetuximab is restricted to use in patients who have not previously received chemotherapy for their metastatic disease, with liver metastases only that are considered non-resectable but in whom potentially curative liver metastasis resection would be undertaken if the lesions became resectable after treatment with chemotherapy and cetuximab. This SMC advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of cetuximab. This SMC advice is contingent upon the continuing availability of the patient access scheme in NHS Scotland.		
FND recommendation:	**Add to Total Formulary (Arrangements in place for PAS)** **Restricted to use in accordance with regional protocol.**		✓R

Key to recommendations and symbols:

✓	Added to Formulary	S	Specialist initiation only
✓R	Added to Formulary with restrictions	S	Specialist use only
✗	Not added to Formulary	?	Awaiting final decision

Medicine name:	**Adrenaline tartrate pre-filled pen (Jext®)** *ALK-Abello Ltd*	Reason for consideration:	**New presentation**
Indication under review:	Emergency treatment of severe acute allergic reactions (anaphylaxis) to insect stings or bites, foods, drugs and other allergens as well as idiopathic or exercise induced anaphylaxis		
SMC/ HIS reference:	**SMC 687/11 [Abbreviated]]**		
Summary of advice:	**Accepted for use in NHS Scotland**		
SMC/HIS restriction and comments:	For patients at risk of anaphylaxis and requiring adrenaline, this is a new presentation of adrenaline for emergency use. It has an extended shelf life (24 months) compared with some existing products.		
FND recommendation and Formulary restriction:	**Acknowledge new presentation (Preferred List)** *[This be annotated as the preferred brand of auto injector]*		✓
ADTC Decision 10/10/11	**AGREED**		

Medicine name:	**Olmesartan medoxomil/amlodipine/hydrochlorothiazide (Sevikar HCT®)** *Daiichi Sankyo UK Ltd*	Reason for consideration:	**New combination**
Indication under review:	**As substitution therapy in adult patients whose blood pressure is adequately controlled on the combination of olmesartan medoxomil, amlodipine, and hydrochlorothiazide taken as a dual component (olmesartan medoxomil and amlodipine or olmesartan medoxomil and hydrochlorothiazide) and a single formulation (hydrochlorothiazide or amlodipine).**		
SMC/ HIS reference:	**SMC 706/11 [Abbreviated]**		
Summary of advice:	**Accepted for use in NHS Scotland**		
SMC/HIS restriction and comments:	In a phase III randomised four-arm study of patients with moderate to severe hypertension Sevikar HCT was superior to three dual combination therapies for the the primary endpoint, change in diastolic pressure. In patients for whom concomitant use of these medicines is appropriate it allows administration of a single tablet at a lower or modestly increased cost (depending on dose) compared to another dual combination product plus single component. Angiotensin receptor blockers are an alternative to ACE inhibitors where these are not tolerated. These fixed dose combinations are among many options for the treatment of hypertension, many of which are less expensive.		
FND recommendation and Formulary restriction:	**This combination not added to Formulary**		✘
ADTC Decision 10/10/11	**AGREED**		

Medicine name:	**Tenofovir Disoproxil (Vread®)** *Gilead Sciences Ltd*	Reason for consideration:	**New indication**
Indication under review:	**Treatment of chronic hepatitis B in adults with decompensated liver disease.**		
SMC/ HIS reference:	**SMC 720/11 [Full Submission]**		
Summary of advice:	**Accepted for use in NHS Scotland**		
SMC/HIS restriction and comments:	Interim results of an ongoing phase II study assessing the safety of tenofovir disoproxil in the treatment of chronic hepatitis B in patients with decompensated liver disease demonstrated that tenofovir was as well tolerated as another nucleoside/nucleotide analogue. Comparative efficacy was not tested in this study, but has been extrapolated from a mixed treatment comparison in treatment-naïve patients with compensated liver disease and hepatitis B e-antigen positive infection.		
FND recommendation and Formulary restriction:	**Acknowledge new indication (Total Formulary)** **Restricted to use in accordance with local protocol.**		✓R
ADTC Decision 10/10/11	**AGREED**		

Key to recommendations and symbols:

✓	Added to Formulary	Ⓢ	Specialist initiation only
✓R	Added to Formulary with restrictions	Ⓢ	Specialist use only
✘	Not added to Formulary	?	Awaiting final decision

Medicine name:	**Vardenafil orodispersible tablet (Levitra®)** *Bayer Healthcare*	Reason for consideration:	**New formulation**
Indication under review:	**Treatment of erectile dysfunction**		
SMC/ HIS reference:	**SMC 727/11 [Full Submission]**		
Summary of advice:	**Accepted for restricted use in NHS Scotland**		
SMC/HIS restriction and comments:	**SMC restriction: use is restricted to patients in whom an orodispersible tablet is an appropriate formulation. Vardenafil is subject to the same NHS prescribing restrictions as other drug treatments for erectile dysfunction in terms of National Health Service (General Medical Services) (Scotland) regulations.** Two placebo controlled, studies have shown that vardenafil orodispersible is significantly better than placebo in the treatment of erectile dysfunction in men. No comparative evidence against other medicines for erectile dysfunction was presented.		
FND recommendation and Formulary restriction:	**Not added to Formulary for this new formulation.**		✘
ADTC Decision 10/10/11	**AGREED**		

Medicine name:	**Fluorouracil 0.5% and salicylic acid (Actikerall®)** *Almirall S.A.*	Reason for consideration:	**New combination**
Indication under review:	**Topical treatment of slightly palpable and/or moderately thick hyperkeratotic actinic keratosis (grade I/II) in immunocompetent adult patients.**		
SMC/ HIS reference:	**SMC 728/11 [Full Submission]**		
Summary of advice:	**Accepted for use in NHS Scotland**		
SMC/HIS restriction and comments:	Fluorouracil 0.5% / salicylic acid 10% cutaneous solution was superior to another topical treatment for the histological clearance of a specified target actinic keratosis lesion.		
FND recommendation and Formulary restriction:	**Add to Total Formulary for this new combination.**		✓
ADTC Decision 10/10/11	**AGREED**		

Medicine name:	**Botulinum toxin type A (Xeomin®)** *Merz Pharma UK Ltd*	Reason for consideration:	**New indication**
Indication under review:	**Post-stroke spasticity of the upper limb presenting with flexed wrist and clenched fist in adults.**		
SMC/ HIS reference:	**SMC 731/11 [Abbreviated]**		
Summary of advice:	**Accepted for use in NHS Scotland**		
SMC/HIS restriction and comments:	In patients for whom botulinum toxin, type A is an appropriate choice of therapy, this offers an alternative formulation to the comparator product containing conventional botulinum toxin, type A complex.		
FND recommendation:	**Ⓢ Acknowledge new indication (Total Formulary).**		✓R
ADTC Decision 10/10/11	**AGREED**		

Key to recommendations and symbols:

✓	Added to Formulary	Ⓢ	Specialist initiation only
✓R	Added to Formulary with restrictions	Ⓢ	Specialist use only
✘	Not added to Formulary	?	Awaiting final decision

Section 3: Medicines not recommended by SMC

Medicine name:	**Abatacept (Orencia®)** *Bristol-Myers SQUIBB Pharmaceuticals Ltd*	Reason for consideration:	**New Indication**
Indication under review:	**In combination with methotrexate for the treatment in adult patients of rheumatoid arthritis after the failure of one or more disease-modifying anti-rheumatic drugs.**		
SMC/ HIS reference:	**SMC 719/11 [Full Submission]**		
Summary of advice:	**Not recommended for use in NHS Scotland**		
SMC/HIS restriction and comments:	There is no head to head study comparing abatacept with other biologic or conventional disease-modifying anti-rheumatic drugs. In combination with methotrexate, abatacept reduced the progression of joint damage and improved physical function more than placebo in patients with moderate to severe rheumatoid arthritis who responded inadequately to previous therapy with methotrexate alone. The submitting company's justification of the treatment's cost in relation to its health benefits was not sufficient and in addition, the company did not present a sufficiently robust economic analysis to gain acceptance by SMC.		
FND recommendation:	**Not added to Formulary for this indication.**		✘

Medicine name:	**Rosuvastatin (Crestor®)** *AstraZeneca UK Ltd*	Reason for consideration:	**New Indication**
Indication under review:	**Prevention of major cardiovascular events in patients who are estimated to have a high risk for a first cardiovascular event as an adjunct to correction of other risk factors.**		
SMC/ HIS reference:	**SMC 725/11 [Full Submission]**		
Summary of advice:	**Not recommended for use in NHS Scotland**		
SMC/HIS restriction and comments:	In a randomised, placebo-controlled, double-blind, multi-centre study, treatment with rosuvastatin was associated with a significantly reduced risk of first cardiovascular event versus placebo in patient sub-groups deemed to be high-risk when assessed using the Framingham equation and the SCORE algorithm. The submitting company did not present sufficiently robust economic analysis to gain acceptance by SMC.		
FND recommendation:	**Not added to the Formulary for this indication.**		✘

Medicine name:	**Eribulin (Halaven®)** *Eisai Ltd*	Reason for consideration:	**New medicine**
Indication under review:	**Treatment of patients with locally advanced or metastatic breast cancer who have progressed after at least two chemotherapeutic regimens for advanced disease. Prior therapy should have included an anthracycline and a taxane unless patients were not suitable for these treatments.**		
SMC/ HIS reference:	**SMC 726/11 [Full Submission]**		
Summary of advice:	**Not recommended for use in NHS Scotland**		
SMC/HIS restriction and comments:	In a randomised, phase III, open-label study eribulin-treated patients had 2.5 months additional survival compared to the comparator, treatment of physicians choice, which included a range of single agent chemotherapy treatments. The submitting company did not present a sufficiently robust economic analysis to gain acceptance by SMC.		
FND recommendation:	**Not added to the Formulary.**		✘

Key to recommendations and symbols:

✓ Added to Formulary
✓R Added to Formulary with restrictions
✘ Not added to Formulary
S Specialist initiation only
S Specialist use only
? Awaiting final decision

Medicine name:	**Infliximab (Remicade®)** *Merck Sharp & Dohme Ltd*	Reason for consideration:	**New indication**
Indication under review:	**Treatment of moderately active Crohn's disease, in adult patients who have not responded despite a full and adequate course of therapy with a corticosteroid and/or an immunosuppressant; or who are intolerant to or have medical contraindications for such therapies.**		
SMC/ HIS reference:	**SMC 739/11 [Non Submission]**		
Summary of advice:	**Not recommended for use in NHS Scotland**		
SMC/HIS restriction and comments:	The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland. Following NHS Quality Improvement Scotland's endorsement of the National Institute for Health and Clinical Excellence (NICE) multiple technology appraisal guidance No 187, infliximab is recommended as a treatment option in **severe** active Crohn's disease.		
FND recommendation:	**Not added to the Formulary for this indication.**		✘

Medicine name:	**Bromfenac (Yellox®)** *Bausch & Lomb*	Reason for consideration:	**New medicine**
Indication under review:	**Treatment of postoperative ocular inflammation following cataract extraction in adults.**		
SMC/ HIS reference:	**SMC 740/11 [Non Submission]**		
Summary of advice:	**Not recommended for use in NHS Scotland**		
SMC/HIS restriction and comments:	The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland.		
FND recommendation:	**Not added to the Formulary.**		✘

Medicine name:	**Quetiapine (Yellox®) prolonged release tablets** *AstraZeneca*	Reason for consideration:	**New indication**
Indication under review:	**Add-on treatment of major depressive episodes in patients with Major Depressive Disorder (MDD) who have had sub-optimal response to antidepressant monotherapy.**		
SMC/ HIS reference:	**SMC 744/11 [Non Submission]**		
Summary of advice:	**Not recommended for use in NHS Scotland**		
SMC/HIS restriction and comments:	The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland.		
FND recommendation:	**Not added to the Formulary for this indication.**		✘

Medicine name:	**Conestat alfa (Ruconest®)** *Swedish Orphan biovitrium Ltd*	Reason for consideration:	**New medicine**
Indication under review:	**Treatment of acute angioedema attacks in adults with hereditary angioedema (HAE) due to C1 esterase inhibitor deficiency.**		
SMC/ HIS reference:	**SMC 745/11 [Non Submission]**		
Summary of advice:	**Not recommended for use in NHS Scotland**		
SMC/HIS restriction and comments:	The holder of the marketing authorisation has not made a submission to SMC regarding this product in this indication. As a result we cannot recommend its use within NHSScotland.		
FND recommendation:	**Not added to the Formulary.**		✘

Key to recommendations and symbols:

✓ Added to Formulary
✓R Added to Formulary with restrictions
✘ Not added to Formulary
S Specialist initiation only
S Specialist use only
? Awaiting final decision

Section 4: Medicines accepted by SMC – Decisions deferred

Medicine name:	**Azacitidine injection (Vidaza®)** *Celgene Ltd*	Reason for consideration:	**New Medicine**
Indication under review:	**For treatment of adult patients who are not eligible for haematopoietic stem cell transplantation (SCT) with intermediate-2 and high-risk myelodysplastic syndrome (MDS), chronic myelomonocytic leukaemia (CMML) or acute myeloid leukaemia (AML).**		
SMC/ HIS reference:	**SMC 589/09 [Resubmission]**		
Summary of advice:	**Accepted for use in NHS Scotland**		
SMC/HIS restriction and comments:	Azacitidine therapy produced a significant increase in overall survival compared with conventional care regimens in previously untreated higher-risk MDS patients. This SMC advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of azacitidine. This SMC advice is contingent upon the continuing availability of the PAS in NHS Scotland.		
FND recommendation:	**Decision Deferred to allow consultation with the Regional Cancer Advisory Group.** **Interim non-Formulary status**		**?**
ADTC Decision 10/10/11	**AGREED**		

Medicine name:	**Dabigatran (Pradaxa®)** *Boehringer Ingelheim Ltd*	Reason for consideration:	**New indication**
Indication under review:	**Prevention of stroke and systemic embolism in adult patients with non-valvular AF with one or more risk factors. See SMC review for full details.**		
SMC/ HIS reference:	**SMC 672/11 [Full Submission]**		
Summary of advice:	**Accepted for use in NHS Scotland**		
SMC/HIS restriction and comments:	Dabigatran etexilate was at least as effective as standard oral anticoagulation at preventing stroke or systemic embolism in one large, open-label study in patients with atrial fibrillation and at least one risk factor for stroke. This was not associated with an increased risk of major bleeding. The economic case made supports the use of the proposed sequenced dosing regimen (whereby the dose is reduced from 150mg twice daily to 110mg twice daily in patients aged ≥ 80 years). This applies whether the alternative treatment is warfarin, aspirin or 'no treatment' (i.e. neither warfarin nor aspirin).		
FND recommendation:	**Decision Deferred to allow consultation with the Heart MCN and to await outcome of national consensus.** **Interim non-Formulary status.**		**?**
ADTC Decision 10/10/11	**AGREED**		

Medicine name:	**Boceprevir (Victrelis®) Treatment experienced patients** *Merck, Sharpe and Dohme Ltd*	Reason for consideration:	**New medicine**
Indication under review:	**Treatment of chronic hepatitis C (HCV) genotype 1 infection, in combination with peginterferon alfa and ribavirin, in adult patients with compensated liver disease who have failed previous therapy.**		
SMC/ HIS reference:	**SMC 722/11 [Full Submission]**		
Summary of advice:	**Accepted for use in NHS Scotland**		
SMC/HIS restriction and comments:	In the pivotal phase III randomised study, addition of boceprevir to current standard therapy in patients with HCV, who had failed previous therapy, increased the proportion of patients who achieved a sustained virologic response.		
FND recommendation and Formulary restriction:	**Deferred to allow consultation with the Hepatitis C MCN** **Interim non-Formulary status**		**?**
ADTC Decision 10/10/11	**AGREED**		

Key to recommendations and symbols:

✓ Added to Formulary
✓R Added to Formulary with restrictions
✗ Not added to Formulary
S Specialist initiation only
S Specialist use only
? Awaiting final decision

Medicine name:	**Boceprevir (Victrelis®) Treatment naive patients** *Merck, Sharpe and Dohme Ltd*	Reason for consideration:	**New medicine**
Indication under review:	**Treatment of chronic hepatitis C (HCV) genotype 1 infection, in combination with peginterferon alfa and ribavirin, in adult patients with compensated liver disease who are previously untreated.**		
SMC/ HIS reference:	**SMC 723/11 [Full Submission]**		
Summary of advice:	**Accepted for use in NHS Scotland**		
SMC/HIS restriction and comments:	In the pivotal phase III randomised study, addition of boceprevir to current standard therapy in patients with HCV, who were previously untreated increased the proportion of patients with HCV who achieved a sustained virologic response.		
FND recommendation and Formulary restriction:	**Deferred to allow consultation with the Hepatitis C MCN** **Interim non-Formulary status**		?
ADTC Decision 10/10/11	**AGREED**		

Section 5: SMC advice that pertains to the GGC Paediatric Formulary

Section 6: Other Formulary decisions – Appeals, reviews and NICE/SIGN guidance

Medicine name:	**Buprenorphine/naloxone sublingual tablets (Suboxone®)** *Reckitt Benckiser/Schering-Plough Ltd*	Indication:	**Substitution treatment for opioid drug dependence, within a framework of medical, social and psychological treatment.**
Reason for consideration:	**Formulary Appeal**	SMC decision:	**SMC 355/07: Accepted for restricted use in NHS Scotland**
FND recommendation, restrictions on use and comments: **That the restriction (Total Formulary) be amended to read:-** Ⓢ **Initiation is restricted to addiction services or GPs who have received appropriate training and authorisation from Addiction Services, for those patients in whom methadone is not suitable and for whom the use of buprenorphine is considered appropriate.**			✓R
ADTC decision 10/10/11	**AGREED**		

Medicine name:	**Pravastatin Sodium tablets** *Generic*	Indication:	Treatment of hypercholesterolaemia or mixed dyslipidaemia, primary and secondary prevention of cardiovascular events and reduction of post solid-organ transplantation hyperlipidaeima
Reason for consideration:	**Formulary Appeal**	SMC decision:	**N/A**
FND recommendation, restrictions on use and comments: **Add to Total Formulary** **Restricted to use only in patients in whom drug interactions might pose a problem with the Preferred List statins or for patients who are intolerant to simvastatin or atorvastatin.**			✓R
ADTC decision 10/10/11	**AGREED subject to the words "with the Preferred List statins" being removed from the restriction.**		

Key to recommendations and symbols:

✓	Added to Formulary	Ⓢ	Specialist initiation only
✓R	Added to Formulary with restrictions	Ⓢ	Specialist use only
✗	Not added to Formulary	?	Awaiting final decision

Medicine name:	**Bortezomib and Thalidomide**	Reason for consideration:	**NICE MTA**
Indication under review:	**Multiple Myeloma (First Line)**		
SMC/ HIS reference:	**NICE MTA 228**		
Summary of advice:	**Accepted for restricted use in NHS Scotland**		
SMC/HIS restriction and comments:	Thalidomide in combination with an alkylating agent and a corticosteroid is recommended as an option for the first-line treatment of multiple myeloma in people for whom high-dose chemotherapy with stem cell transplantation is considered inappropriate. Bortezomib in combination with an alkylating agent and a corticosteroid is recommended as an option for the first-line treatment of multiple myeloma if: - high-dose chemotherapy with stem cell transplantation is considered inappropriate; and - the person is unable to tolerate or has contraindications to thalidomide.		
FND recommendation and Formulary restriction:	**Deferred for consultation with the Regional Cancer Advisory Group.**		**?**
ADTC Decision 10/10/11	**AGREED**		

Key to recommendations and symbols:

✓ Added to Formulary
✓R Added to Formulary with restrictions
✗ Not added to Formulary
S Specialist initiation only
S Specialist use only
? Awaiting final decision