



Special points of interest for Primary Care

- Folic acid - pregnancy
- RESPeRATE®
- Medicine for Children website

SMC advice:

- Abiraterone (Zytiga®)
- Asenapine (Sycrest®)
- Atorvastatin (Lipitor®)
- Bupivacaine/fentanyl (Bufyl®)
- Fingolimod (Gilenya®)
- Icatibant (Zytiga®)



Specialist list - Endocrinology

The [Endocrinology specialist formulary list](#) has been finalised. This includes several hospital-only medicines and several medicines that may be prescribed in general practice under the direction of a diabetes or endocrinology specialist. Previous local protocols for liraglutide injection and exenatide injection have now been replaced with addition of further prescribing information within the formulary [section 6.1](#). These medicines are also included in the Endocrinology specialist list (as GPs may prescribe under the direction of the diabetes clinic).



Specialist list - Medicine for the Elderly

The [Medicine for the Elderly specialist formulary list](#) has been finalised. This list includes several hospital-only medicines and several medicines that may be prescribed in general practice under the direction of a Medicine for the Elderly specialist. The Medicine for the Elderly specialist list also includes some medicines that are also on the Endocrinology specialist list including fludrocortisone for orthostatic hypotension and treatments for osteoporosis. This list (and the Endocrinology list) also includes a link to the newly developed Orthostatic Hypotension Guidance Notes.



Information Technology

Tayside Area Formulary - Section 5 - Anti-Infectives

NHS Tayside Antimicrobial Management Group have updated and modernised the antibiotic section of the Tayside Area Formulary. It is the central point for information about antibiotics in NHS Tayside whether the patient is in the community or acute care. Using antibiotics appropriately is absolutely essential to minimise antibiotic resistance and antibiotic related healthcare acquired infections. The new site gives you information at your fingertips to ensure we can all contribute to more appropriate use of antibiotics as a precious resource.

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Please note: the Tayside Area Formulary can be accessed from the home page of staffnet (3rd tool bar along) or from a google search via the internet.



Information Technology continued

Useful paediatric website

[The Medicines for Children website](#) provides practical and reliable advice for parents or carers on how to give medicines to children.

Search by medication name (generic or brand), condition or disease. For example if 'clonidine' is typed into the designated arrow search box, the result is 'Clonidine for Tourette's syndrome, ADHD and sleep-onset disorder'.

There are specific administration details that the parent would find useful, such as if the tablet can be crushed and mixed in with food. There are also videos on how to administer eye drops and various other preparations. The medication leaflets have been written and reviewed by paediatricians, pharmacists, and parents.

This resource is a partnership programme with Royal College of Paediatrics and Child Health (RCPCH), the Neonatal and Paediatric Pharmacists Group (NPPG) and WellChild.



Drug Safety Updates

Please follow link - [Volume 5, Issue 9, April 2012](#)



Prescribing Changes

Midazolam, 5mg/mL, oromucosal solution (Buccolam®)

Midazolam 5mg/mL oromucosal solution (Buccolam®) prefilled syringes - 2.5mg/0.5mL; 5mg/mL; 7.5mg/1.5mL or 10mg/2mL have recently been licensed and accepted for use in NHS Scotland by the Scottish Medicine Consortium (SMC) for children from 3 months to less than 18 years. In NHS Tayside the unlicensed preparation of buccal midazolam 10mg/mL (Epistatus®) is currently used in both adults and children and this is the product recommended in the North & East of Scotland Child & Adolescent Neurology Network (NESCANN) guidelines for the use of buccal midazolam. Until there is agreement across the North East of Scotland and the NESCANN guidelines are updated it has been agreed that buccal midazolam 10mg/mL (Epistatus®) should be the preparation of choice. To avoid confusion / use of a different strength of buccal midazolam, Buccolam® IS NOT CURRENTLY RECOMMENDED in NHS Tayside. The manufacturers of Epistatus® have submitted a UK National Marketing Authorisation Application (MAA) for Epistatus® and this is currently under assessment by the MHRA.

Folic acid supplementation before and during pregnancy

Advice on folic acid supplementation for before and during pregnancy has been updated within the [Tayside Area Formulary](#) following national advice. Folic acid should be started as soon as the woman is planning a pregnancy or as soon as pregnancy is confirmed and should be continued until the 12th week of pregnancy. Folic acid should be taken as a 400microgram daily supplement to prevent the *first occurrence* of neural tube defects. A higher 5mg daily folic acid supplement (only available on prescription) should be taken to prevent the *recurrence* of neural tube defects (when a previous pregnancy has been affected by a neural tube defect). The national advice also recommends that the following groups of women should take 5mg folic acid daily before conception and up to the 12th week of pregnancy: if there is a family history of neural tube defects, all women with epilepsy, and all women with diabetes. Women with a BMI > 30 without an additional risk factor for neural tube defects should take folic acid 400micrograms daily. [Click here](#) for a link to the NHS Scotland briefing on folic acid supplementation before and during pregnancy. [Click here](#) for a link to the patient information on folic acid before and during pregnancy.

Previous guidelines from the Royal College of Obstetricians and Gynaecologists (RCOG) have recommended a 5mg folic acid supplement for women with a BMI > 30, however the latest national advice is currently being considered by the RCOG.

Consideration should be given to prescribing 5mg folic acid daily to women who have reduced absorption of or increased loss of folic acid, or those taking medicines that interfere with folate metabolism.



Prescribing Changes continued

Parenteral Iron

Local advice on the use of parenteral iron has been updated within the [Tayside Area Formulary](#). Iron sucrose injection (Venofer®) remains the first choice parenteral iron preparation within NHS Tayside, with the exception of haematology patients (where ferric carboxymaltose injection (Ferinject®▼) is first choice). Ferric carboxymaltose injection (Ferinject®▼) is the alternative parenteral iron preparation in the formulary and is restricted to administration by intravenous infusion. Ferric carboxymaltose may be used in by the Renal Clinic in pre-dialysis patients, in other areas on the advice of Renal specialists or where administration of parenteral iron is required as a total dose infusion to ensure the full dosage is received (e.g. in out-patient clinics or for in-patients when there is a short expected length of stay).

Iron sucrose injection and ferric carboxymaltose injection are both hospital-only medicines and are currently on the [Renal](#) and [Medicine for the Elderly](#) specialist formulary lists.

Non-drug blood pressure device (RESPeRATE®)

RESPeRATE® is a non-drug, portable, medical device clinically proven to lower blood pressure through modulation of respiratory rate. The device utilises voice control and melodic tunes to help patients reach the desired therapeutic zone (fewer than 10 breaths per minute) and comes with a built in tutorial to guide patients effortlessly through its use. In order to achieve results it is recommended that patients use the device for 15 minutes a day, 3 to 4 times a week (at least 45 minutes of 'slow breathing' time per week). Clinical studies have demonstrated a sustained reduction in blood pressure, within 4 weeks of commencing therapy, when this regime is adhered to.



A record of the patient's use of the device is stored in the microprocessor for quantification of total time of device use and adherence to the regimen.

The manufacturers recommend the device for patients who are aged over 65 years who remain hypertensive despite appropriate anti-hypertensive medication, have diabetes with hypertension, have isolated systolic hypertension or refractory hypertension, or those who refuse medications or experience side-effects.

The decision has been made locally that the device should only be prescribed by GPs on the recommendation of the cardiovascular risk clinic, for patients with treatment refractory hypertension. An audit will be undertaken from the cardiovascular risk clinical to assess the benefits of this product. Further information is available online from the [RESPeRATE website](#).

Individual Patient Treatment Requests (IPTRs) approved in secondary care

Information was issued in [DTC Supplement No 110](#) (October 2011) with regard shifting prescribing of non-formulary / IPTR requests approved from secondary care into primary care.

It has further been agreed by the Area Drug and Therapeutics Committee that the prescribing of the medicine for at least 6 months by secondary care may not be necessary.

The duration of a non-formulary / IPTR medicine in secondary care should be on an individual case by case basis. It would be appropriate to move the prescribing into primary care when the secondary care physician is confident the patient is tolerating and gaining benefit from treatment.

Secondary care prescribers should only request that primary care continues the prescribing of a medicine that is non-formulary when:

- the appropriate approval is granted through the Non-Formulary Policy
- an adequate secondary care trial of medication has established tolerability and benefit of treatment
- a shared care agreement/individual patient treatment plan is in place where appropriate
- there has been direct dialogue between the secondary care prescriber and the patient's GP and the GP has agreed to the transfer of prescribing

The requirement for funding transfer to accompany prescribing should be considered on a case-by-case basis.

All requests for medicines not recommended by SMC should proceed to IPTR.

Medicine	Indication	Local recommendation category	Comments and useful links
Abiraterone acetate 250mg tablets (Zytiga [®]) (764/12) - Full submission	With prednisone or prednisolone for the treatment of metastatic castration-resistant prostate cancer (mCRPC) in adult men whose disease has progressed on or after a docetaxel-based chemotherapy regimen.	Not recommended	SMC advice
Asenapine 5mg, 10mg sublingual tablet (Sycrest [®]) (762/12) - Full submission	Treatment of moderate to severe manic episodes associated with bipolar I disorder, in adults.	Not recommended	SMC advice
Atorvastatin 10 and 20mg chewable tablets (Lipitor [®]) (766/12) - Abbreviated submission	Adjunct to diet for reduction of elevated total cholesterol, LDL-cholesterol, apolipoprotein B, and triglycerides in adults, adolescents and children aged 10 years or older with primary hypercholesterolaemia including familial hypercholesterolaemia or combined hyperlipidaemia when response to diet and other nonpharmacological measures is inadequate; Reduction of total-C and LDL-C in adults with homozygous familial hypercholesterolaemia as an adjunct to other lipid-lowering treatments or if such treatments are unavailable; Prevention of cardiovascular events in adult patients estimated to have a high risk for a first cardiovascular event, as an adjunct to correction of other risk factors.	GPs may prescribe under the direction of a paediatric tertiary centre Use in adults - Non-formulary - absence of clinician support	SMC advice SPC link
Bupivacaine HCL 1.0mg/mL and 1.25mg/mL plus fentanyl (as citrate) 2 microgram/mL solution for infusion (Bufyl [®]) (761/12) - Abbreviated submission	Epidural analgesia to relieve pain during labour and to control post operative pain.	Non-formulary - alternatives preferred	SMC advice Levobupivacaine is the epidural local anaesthetic of choice and may be used in combination with fentanyl.
Fingolimod (as hydrochloride), 0.5mg hard capsules (Gilenya [®]) (763/12) - Full submission	As single disease modifying therapy in highly active relapsing remitting multiple sclerosis (RRMS) for the following adult patient groups: Patients with high disease activity despite treatment with a beta-interferon. I.e. those who have failed to respond to a full and adequate course (normally at least one year of treatment) of beta-interferon. Patients should have had at least one relapse in the previous year while on therapy, and have at least nine T2-hyperintense lesions in cranial magnetic resonance imaging (MRI) or at least one gadolinium-enhancing lesion. A "non-responder" could also be defined as a patient with an unchanged or increased relapse rate or ongoing severe relapses, as compared to the previous year; <u>OR</u> Patients with rapidly evolving severe RRMS defined by two or more disabling relapses in one year, and with one or more gadolinium enhancing lesions on brain MRI or a significant increase in T2 lesion load as compared to a previous recent MRI.	Not recommended	SMC advice
Icatibant acetate, 30mg, solution for injection in pre-filled syringe (Firazyr [®]) (476/08) - Resubmission	Symptomatic treatment of acute attacks of hereditary angioedema (HAE) in adults (with C1-esterase-inhibitor deficiency).	HOSPITAL ONLY (Immunology Clinic) Supplied via a Patient Access Scheme (PAS).	SMC advice SPC link

Updates from previous SMC Advice

Medicine	Indication	Local recommendation category	Comments and useful links
Botulinum toxin type A, 50 and 100 LD ₅₀ units powder for solution for injection (Xeomin®) (731/11) - <i>Abbreviated submission</i>	Post-stroke spasticity of the upper limb presenting with flexed wrist and clenched fist in adults	Non-formulary - alternatives preferred	SMC advice Botulinum toxin type A (Botox®) is preferred for this indication. Click here for formulary
Exenatide 2mg powder and solvent for prolonged-release suspension for injection (Bydureon®) (748/11) - <i>Full submission</i>	Treatment of type 2 diabetes mellitus in combination with: - metformin - sulphonylurea - thiazolidinedione - metformin and sulphonylurea - metformin and thiazolidinedione in adults who have not achieved adequate glycaemic control on maximally tolerated doses of these oral therapies.	GPs may prescribe under the direction of the diabetes clinic. Endocrinology Specialist formulary list Restricted to third-line treatment option.	SMC advice SPC link TAF link Endocrinology specialist formulary list
Fentanyl 50, 100, 200 microgram single dose nasal spray (Instanyl®) (750/11) - <i>Abbreviated submission</i>	For the management of breakthrough pain in adults already receiving maintenance opioid therapy for chronic cancer pain. Break-through pain is a transitory exacerbation of pain that occurs on a background of otherwise controlled persistent pain.	Non-formulary - alternatives preferred. Fentanyl nasal spray (PecFent®▼) is the local intranasal fentanyl preparation of choice.	SMC advice Click here for link to palliative care specialist list.
Linagliptin, 5mg film-coated tablet (Trajenta®) (746/11) - <i>Full submission</i>	The treatment of type 2 diabetes mellitus to improve glycaemic control in adults: As monotherapy: in patients inadequately controlled by diet and exercise alone and for whom metformin is inappropriate due to intolerance, or contra-indicated due to renal impairment. As combination therapy: in combination with metformin when diet and exercise plus metformin alone do not provide adequate glycaemic control; in combination with a sulphonylurea and metformin when diet and exercise plus dual therapy with these medicinal products do not provide adequate glycaemic control.	Monotherapy: not recommended Dual therapy in combination with metformin: Non-formulary - alternatives preferred Triple therapy: not recommended	SMC advice Sitagliptin is the first-choice DPP-4 inhibitor locally. Click here for formulary link. Note monotherapy and triple therapy indications are not accepted by SMC.
Midazolam, 5mg/mL, oromucosal solution (Buccolam®) (757/12) - <i>Full submission</i>	Treatment of prolonged, acute, convulsive seizures in infants, toddlers, children and adolescents (from 3 months to <18 years).	Non-formulary- alternatives preferred	SMC advice In-line with NESCANN Guidelines , Epistatus® (buccal midazolam 10mg/mL) remains the product recommended locally - see p2.

Updates from previous SMC Advice (Oncology & Haematology)

Medicine	Indication	Local recommendation category	Comments and useful links
Azacitidine 100mg powder for suspension for injection (Vidaza®) (589/09) - <i>Resubmission</i>	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).	Non-formulary - pending protocol	SMC advice
Cetuximab 2mg/ml intravenous infusion (Erbix®) (279/06) - <i>Full submission</i>	SCCHN	HOSPITAL ONLY (Oncology) - pending protocol update	SMC advice

Updates from previous SMC Advice (Oncology & Haematology) - continued....

Medicine	Indication	Local recommendation category	Comments and useful links
Cetuximab 100mg/20mL and 500mg/100mL solution for intravenous infusion (Erbix [®]) (543/09) - Full submission	(EGFR)-expressing, KRAS wild-type metastatic colorectal cancer in combination with chemotherapy.	Non -formulary - pending protocol update	SMC advice
Cladribine 2mg/mL solution for injection (Litak [®]) (537/09) - Full submission	Treatment of hairy cell carcinoma.	Formulary - pending protocol	SMC advice
Docetaxel 20 and 80mg concentrate and solvent for solution for infusion (Taxotere [®]) (369/07) - Full submission	Induction treatment of patients with unresectable locally advanced squamous cell carcinoma of the head and neck in combination with cisplatin and 5-fluorouracil.	Non-formulary - absence of clinician support	SMC advice
Docetaxel 20 and 80mg concentrate and solvent for solution for infusion (Taxotere [®]) (481/08) - Full submission	Induction treatment of patients with resectable locally advanced squamous cell carcinoma of the head and neck in combination with cisplatin and 5-fluorouracil.	Non-formulary - pending protocol update	SMC advice
Eltrombopag 25mg and 50mg film-coated tablets (Revolade [®]) (625/10) - Full submission	For adult chronic immune (idiopathic) thrombocytopenic purpura (ITP) splenectomised patients who are refractory to other treatments (e.g. corticosteroids, immunoglobulins). Eltrombopag may be considered as second-line treatment for adult non-splenectomised patients where surgery is contraindicated.	Non-formulary - pending protocol	SMC advice
Erlotinib 25, 100 and 150mg film-coated tablets (Tarceva [®]) (749/11) - Full submission	First-line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) activating mutations.	Non-formulary - pending protocol update	SMC advice
Filgrastim 30 million units (300 micrograms) 0.5mL, 48 million units (480 micrograms) 0.5mL, solution for injection or infusion in pre-filled syringe (Zarzio [®]) (704/11) - Full submission	See SMC advice.	Non-formulary - alternatives preferred	SMC advice
Filgrastim 12 million units (120microgram) / 0.2mL, 30 million units (300microgram) / 0.5mL, 48 million units (480microgram) / 0.5mL solution for injection/infusion in pre-filled syringe (Nivestim [®]) (671/11) - Full submission	The reduction in the duration of neutropenia.	Non-formulary - alternatives preferred	SMC advice
Fosaprepitant dimeglumine 150mg powder for solution for infusion (VEmend [®]) (678/11) - Abbreviated submission	Prevention of acute and delayed nausea and vomiting associated with highly emetogenic cisplatin based cancer chemotherapy in adults.	HOSPITAL ONLY (Oncology & Haematology)	SMC advice
Nilotinib 150mg hard capsules (Tasigna [®]) (709/11) - Full submission	For the treatment of adult patients with newly diagnosed Philadelphia chromosome positive chronic myelogenous leukaemia (CML) in the chronic phase.	Non-formulary - pending protocol update	SMC advice
Palonosetron 250 micrograms solution for injection (Aloxi [®]) (208/05) - Full submission	Prevention of acute nausea and vomiting associated with highly emetogenic cancer chemotherapy and the prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy.	HOSPITAL ONLY (Oncology & Haematology)	SMC advice
Pazopanib 200mg, 400mg film-coated tablets (Votrient [®]) - Full submission	First-line treatment of advanced renal cell carcinoma (RCC) and for patients who have received prior cytokine therapy for advanced disease.	Non-formulary - pending protocol	SMC advice
Plerixafor (Mozobil [®]) 200mg/mL solution for injection Full submission	In combination with G-CSF to enhance mobilisation of haematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation in patients with lymphoma and multiple myeloma whose cells mobilise poorly.	Non-formulary - pending protocol	SMC advice

Medicine	Indication	Local recommendation category	Comments and useful links
Sunitinab 12.5mg, 25mg, 50mg hard capsule (Sutent®) (698/11) - Full submission	Treatment of unresectable or metastatic, well-differentiated pancreatic neuro-endocrine tumours with disease progression in adults.	HOSPITAL ONLY (Oncology)	SMC advice
Vinorelbine 20 and 30mg capsule oral (Navelbine® Oral) (179/05) - Full submission	NSCLC	HOSPITAL ONLY (Oncology)	SMC advice

'Local processes exist to allow consideration of prescribing outwith SMC advice or outwith NHS Tayside formulary. Details are available in the [NHS Tayside Policy on the Prescribing of Medicines that are Non-formulary \(including Individual Patient Treatment Requests\)](#)'



Tayside Area Formulary (TAF) Updates - Apr/May 2012

TAF Section	Drug(s)/topic	Changes
Specialist formulary lists and formulary development	Endocrinology	Endocrinology specialist formulary list added.
	Medicine for the Elderly	Medicine for the Elderly specialist formulary list added.
2.5	Alpha-adrenoceptor blocking drugs	Phenoxybenzamine hydrochloride capsules and injection (hospital-only) added to formulary and Endocrinology specialist formulary list.
6.1	Drugs used in diabetes	<p>Link to formulary section 4.7.3 for information on diabetic peripheral neuropathic pain inserted. Metformin powder for oral solution (Glucophage®)* added to formulary restricted to patients unable to swallow the solid dosage form. Acarbose added to formulary and Endocrinology specialist formulary list. Pioglitazone in combination with insulin*, liraglutide injection▼* and exenatide injection▼* now on Endocrinology specialist list (already included within formulary).</p> <p>Information on local recommendations for the gliptins updated (linked to from formulary).</p> <p>Exenatide powder and solvent for prolonged-release suspension for injection (Bydureon®▼)* (once weekly subcutaneous injection) added to formulary and Endocrinology specialist list as an alternative third-line treatment option. Insulin in combination with liraglutide or exenatide [unlicensed indication] added to Endocrinology specialist formulary list as per Local protocol. Nateglinide and repaglinide included in formulary. Polycal® added to formulary for oral glucose tolerance test.</p>
6.2	Thyroid and antithyroid drugs	Liothyronine sodium (L-Tri-iodothyronine sodium) tablets and injection (hospital-only) added to formulary and Endocrinology specialist formulary list. Aqueous iodine Oral Solution (hospital-only) added to formulary and Endocrinology specialist formulary list.
6.3	Corticosteroids	Fludrocortisone acetate tablets for the treatment of orthostatic (postural) hypotension [unlicensed indication] added to formulary, Endocrinology and Medicine for the Elderly specialist formulary lists. Link to local Orthostatic Hypotension Guidance Notes and SIGN 113 (Parkinson's disease) for further information on treatments for orthostatic hypotension inserted.
6.4.2	Sex hormones	New section 6.4.2 - Male sex hormones added. Testosterone enantate injection, Testosterone undecanoate injection (Nebido®▼*), Sustanon 250® injection, Testosterone undecanoate capsules (Restandol® Testocaps), Testosterone gel (Testogel®, Tostran®*) added to formulary and Endocrinology specialist formulary list. Cyproterone acetate for male hypersexuality added to formulary.

* SMC accepted medicine

TAF update table continued on next page.....

TAF Section	Drug(s)/topic	Changes
6.5	Pituitary hormones	<i>Tetracosactide injection (Synacthen®), Somatropin* (Omnitrope®, Saizen®, Norditropin®, Genotropin®), and Desmopressin acetate (DDAVP® Melt ▼*) added to formulary and Endocrinology specialist formulary list. Desmopressin acetate nasal spray and tablets added to Endocrinology specialist list for diabetes insipidus. Thyrotropin alfa (rhTSH) (Thyrogen®), Gonadorelin (Gonadotrophin-releasing hormone; GnRH; LH-RH) injection (HRF®), and Desmopressin acetate 4micrograms/mL injection (DDAVP®) (all hospital-only) added to formulary and Endocrinology specialist formulary list.</i>
6.6	Drugs affecting bone metabolism	<i>Disodium pamidronate concentrate for intravenous infusion (hospital-only) added to formulary and Endocrinology specialist list. Calcitonin injection (hospital-only) and calcitonin nasal spray [unlicensed indication] added to formulary, Endocrinology and Medicine for the Elderly specialist formulary lists. Denosumab subcutaneous injection (Prolia® ▼)* now added to Endocrinology and Medicine for the Elderly specialist formulary lists. Zoledronic acid annual intravenous infusion (Aclasta®), teriparatide (Forsteo®), recombinant human parathyroid hormone (Preotact®) (all hospital-only) now on Endocrinology and Medicine for the Elderly specialist formulary lists (teriparatide and recombinant human parathyroid hormone only prescribed by secondary care osteoporosis clinicians).</i>
6.7	Other endocrine drugs	<i>Metyrapone and goserelin (Zoladex® 3.6mg implant) added to formulary and Endocrinology specialist formulary list.</i>
8.3.4.3	Somatostatin analogues	<i>Octreotide and lanreotide added to formulary and Endocrinology specialist formulary list.</i>
9.1	Folic acid supplementation	<i>Advice on folic acid supplementation for before and during pregnancy has been updated - see page 2 of this bulletin for further details.</i>
	Parenteral iron	<i>Information on use of ferric carboxymaltose injection (Ferinject® ▼)* updated - see page 3 of this bulletin for further details. Iron sucrose injection (Venofer®) (first choice) and ferric carboxymaltose injection (Ferinject® ▼)* (restricted to administration by intravenous infusion) (both hospital-only) added to the Medicine for the Elderly specialist formulary list.</i>
10.2	Skeletal muscle relaxants	<i>Baclofen [licensed] and tizanidine [unlicensed use 'off-label'] added to formulary and Medicine for the Elderly specialist formulary list for spasticity associated with stroke. Botulinum toxin type A (Botox®) (hospital-only) added to formulary and Medicine for the Elderly specialist list (only prescribed and administered by the consultant from CBIR for this indication).</i>

* SMC accepted medicine

SMC Briefing Note:

[Click here](#) for March Briefing Note

Forthcoming SMC Advice

This bulletin is produced by the Medicines Advisory Group (MAG), which is a sub-group of the NHS Tayside Drug and Therapeutics Committee.

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Local implementation of SMC recommendations is taken forward by the Tayside Medicines Governance Unit. This bulletin is based on evidence available to the Tayside Medicines Governance Unit at time of publication and is covered by the Disclaimer and Terms & Conditions of use.

[CLICK HERE](#) for access to the Medicines Governance section of the Pharmacy Staffnet site.