*click HERE for an explanation of standardised wording to be used by Scottish Boards regarding decisions on medicines since May 2016 Link to Formulary

Medicine	Indication	NHS Board Decision*	DTC Supplement	Date
Ibandronic acid (Bondronat®)	Tumour-induced hypercalcaemia with or without metastases	Non-formulary	45	2004
Ibandronic acid (Bondronat®)	Prevention of skeletal events associated with breast cancer		49 45	2004
Ibandronic acid (Bonviva®)	Postmenopausal osteoporosis	Non-formulary	55	2006
Ibandronic acid injection (Bonviva®)	Postmenopausal osteoporosis	HOSPITAL ONLY	79 61	May 2008 2006
Ibritumomab tiuxetan (Zevalin®) (499/08)	Consolidation therapy for untreated patients with follicular lymphoma	Not recommended	82	Aug/Sept 2008
Ibritumomab (Zevalin®) (171/05)	Follicular non-Hodgkin's lymphoma	Not recommended	71 50	July 2007 2005
ibrutinib film-coated tablets (Imbruvica®) SMC2543	in combination with venetoclax for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia (CLL).	Not routinely available as local clinical experts do not wish to add the medicine to the formulary at this time or there is a local preference for alternative medicines.	195	December 2023
ibrutinib 140mg, 280mg, 420mg and 560mg film-coated tablets (Imbruvica®) SMC2485	In combination with rituximab for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia.	Not available as not recommended for use in NHS Scotland		
Ibrutinib 140mg, 280mg and 420mg film-coated tablets (Imbruvica®) SMC2387	As a single agent for the treatment of adult patients with Waldenström's macroglobulinaemia (WM) who have received at least one prior therapy, or in first-line treatment for patients	Available in line with national guidance	188	April 2022

	unsuitable for chemo-immunotherapy. SMC restriction: for use in patients who have received at least one prior therapy. In a phase II study, in previously treated patients with Waldenström's macroglobulinaemia, ibrutinib was associated with an overall response rate of 87% to 90%.			
Ibrutinib 140mg, 280mg, and 420mg film-coated tablets (Imbruvica®) SMC2259	In combination with rituximab for the treatment of adult patients with Waldenström's macroglobulinaemia. SMC restriction: for use in patients who have received at least one prior therapy Progression-free survival was longer in patients with Waldenström's macroglobulinaemia who received ibrutinib plus rituximab compared with placebo plus rituximab in a phase III study.	Available in line with national guidance	181	November 2020
Ibrutinib 140mg hard capsules and 140mg, 280mg, 420mg and 560mg film-coated tablets (Imbruvica®)SMC2244	In combination with obinutuzumab for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia.		178	Feb 2020
Ibrutinib 140mg hard capsules and 140mg, 280mg, 420mg and 560mg film-coated tablets (Imbruvica®)SMC2245	As a single agent for the treatment of adult patients with Waldenström's macroglobulinaemia who have received at least one prior therapy, or in first line treatment for patients unsuitable for chemo-immunotherapy.		178	Feb 2020
Ibrutinib 140-mg hard capsules (Imbruvica®) SMC No (1289/17)	As a single agent for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia (who do not have 17p deletion or TP53 mutation)	Not available as not recommended for use in NHS Scotland	165	Jan 2018
Ibrutinib, 140mg hard capsules (Imbruvica®) SMC No: (1258/17)	In combination with bendamustine and rituximab for the treatment of adult patients with chronic lymphocytic leukaemia who have received at least one prior therapy	Not available as not recommended for use in NHS Scotland	162	Aug 2017

Ibrutinib 140mg hard capsules (Imbruvica®)(1151/16)	Treatment of adult patients with chronic lymphocytic leukaemia (CLL) who have received at least one prior therapy. SMC Restriction: patients with relapsed/refractory CLL and for whom fludarabine-based regimens are inappropriate.	Available in line with national guidance	161	Jun 2017
Ibrutinib 140mg hard capsule for CLL (Imbruvica®) (1151/16)	Treatment of adult patients with chronic lymphocytic leukaemia (CLL) who have received at least one prior therapy, or first line in the presence of 17p deletion or TP53 mutation in patients unsuitable for chemotherapy.	Available in line with national guidamce	156	Sep 2016
Ibrutinib 140mg hard capsule for MCL (Imbruvica®)	Treatment of patients with relapsed or refractory mantle cell lymphoma	Not routinely available as local clinical experts do not wish to add the medicine to the formulary at this time or there is a local preference for alternative medicines	156	Sep 2016
Ibuprofen IV injection (Pedia®)	Patent ductus arteriousus	Not recommended	55	2006
Icatibant acetate, 30mg, solution for injection in pre-filled syringe (Firazyr®) SMC No 1332/18	Indication under review: symptomatic treatment of acute attacks of hereditary angioedema (HAE) in adolescents and children aged 2 years and older, with C1-esterase-inhibitor deficiency.	Available in line with national guidance	169	July2018
Icatibant (Firazyr®) (476/08)	Hereditary angioedema in adults	HOSPITAL ONLY (Immunology Clinic)	116 84	Apr/May 2012 Nov 2008
icosapent ethyl soft capsules (Vazkepa®) SMC2602	to reduce the risk of cardiovascular events in adult statin-treated patients at high cardiovascular risk with elevated triglycerides (≥1.7mmol/L) and • established cardiovascular disease, or • diabetes, and at least one other cardiovascular risk factor.	Not routinely available as local clinical experts do not wish to add the medicine to the formulary at this time or there is a local preference for	194	September 2024

	SMC restriction: use as secondary prevention in patients treated with a stable dose of statins, low-density lipoprotein (LDL) cholesterol levels >1.04mmol/L and ≤2.60mmol/L, raised fasting triglycerides (≥1.7mmol/L) and with established cardiovascular disease defined as a history of any of the following: • Acute coronary syndrome (ACS) (such as myocardial infarction (MI) or unstable angina needing hospitalisation) • Coronary or other arterial revascularisation procedures • Coronary heart disease • Ischaemic stroke • Peripheral arterial disease	alternative medicines.		
Icosapent ethyl soft capsules (Vazkepa®) SMC2531	to reduce the risk of cardiovascular events in adult statin-treated patients at high cardiovascular risk with elevated triglycerides (≥1.7mmol/L) and • established cardiovascular disease, or • diabetes, and at least one other cardiovascular risk factor.	Not available as not recommended for use in NHS Scotland	193	May 2023
Idarucizumab 2.5g/50ml solution for injection/infusion (Praxbind®) SMC	Idarucizumab is a specific reversal agent for dabigatran and is indicated in adult patients treated with dabigatran etexilate when rapid reversal of its anticoagulant effects is required for emergency surgery/urgent procedures or in life-threatening or uncontrolled bleeding.	Available in line with National Guidance Hospital Use Only	157	Nov 2016
Idebenone, 150mg film-coated tablets (Raxone®) SMC No. (1226/17)	Treatment of visual impairment in adolescent and adult patients with Leber's Hereditary Optic Neuropathy (LHON). Restriction: to patients with LHON who are not yet blind i.e. they do not meet the UK criteria to be registered as severely sight impaired.	Not routinely available as local clinical experts do not wish to add the medicine to the formulary at this time or there is a local preference for alternative medicines	162	Aug 2017
Idelalisib (Zydelig®) 100-mg, 150-mg film-coated tablets	In combination with ofatumumab for the treatment of adult patients with chronic lymphocytic leukaemia:	Not available as not recommended for use in NHS	159	Feb 2017

SMC 1212/16	• who have received at least one prior therapy, or • first line treatment in the presence of 17p deletion or TP53 mutation in patients who are not eligible for any other therapies.	Scotland.		
Idelalisib (Zydelig®) (1039/15)	For the treatment of adult patients with follicular lymphoma (FL) that is refractory to two prior lines of treatment.	Available in line with National Guidance	148 157	May 2015 Nov 2016
Idelalisib (Zydelig®) (1026/15)	In combination with rituximab for the treatment of adult patients with chronic lymphocytic leukaemia (CLL): • who have received at least one prior therapy, or • as first line treatment in the presence of 17p deletion or TP53 mutation in patients unsuitable for chemo-immunotherapy. SMC restriction: patients with relapsed CLL who are unsuitable for chemotherapy and treatment naïve patients with 17p deletion or TP53 mutation who are unsuitable for chemo-immunotherapy.	HOSPITAL ONLY - (Haematology) Supplied via a Patient Access Scheme	146	
Idursulfase (Elaprase®) (391/07)	Hunter syndrome Mucopolysaccharidosis II	Not recommended	72	Sept 2007
Iloprost nebulised (Ventavis®)	Primary pulmonary hypertension		55	2006
Imatinib (Glivec®) (428/07)	Myelodysplastic/myeloproliferative diseases (MDS/MPD)	Not recommended	75	Dec 2007
Imatinib (Glivec®)	Combination therapy in newly diagnosed Philadelphia chromosome +ve acute lymphoblastic leukaemia (PH + ALL)	Not recommended	75	Dec 2007
Imatinib (Glivec®) (426/07)	Monotherapy in relapsed/refractory PH + ALL	Not recommended	75	Dec 2007
Imatinib (Glivec®) (430/07)	Dermatofibrosarcoma protuberans (DFSP)	Not recommended	75	Dec 2007
Imatinib (Glivec®) (429/07)	Advanced hypereosinophilic syndrome (HES), chronic	Not recommended	75	Dec 2007

	eosinophilic leukaemia (CEL)			
Imatinib (Glivec®) (923/13)	Treatment of paediatric patients with newly diagnosed Philadelphia chromosome positive acute lymphoblastic leukaemia (Ph+ ALL) integrated with chemotherapy.	Not recommended	131	Oct/Nov 2013
Imatinib (Glivec®) (584/09)	Adjuvant use following resection of GIST	HOSPITAL ONLY (Oncology)	117 108 Protocol 99 94	May/June 2012 Aug 2011 Aug/Sept 2010 Dec 09/Jan 10
Imatinib (Glivec®) (26/02)	CML		24	2003 2002
Imiquimod 3.75% cream (Zyclara®) SMC2211	For the topical treatment of clinically typical, nonhyperkeratotic, nonhypertrophic, visible or palpable actinic keratosis of the full face or balding scalp in immunocompetent adults when other topical treatment options are contraindicated or less appropriate. SMC restriction: for the treatment of large field actinic keratosis (>25cm2). for the topical treatment of clinically typical, nonhyperkeratotic, nonhypertrophic, visible or palpable actinic keratosis of the full face or balding scalp in immunocompetent adults when other topical treatment options are contraindicated or less appropriate. SMC restriction: for the treatment of large field actinic keratosis (>25cm2).	Not routinely available as local clinical experts do not wish to add the medicine to the formulary at this time or there is a local preference for alternative medicines.	178	Feb 2020
Imiquimod (Zyclara®) 3.75% cream (934/13)	Topical treatment of clinically typical, nonhyperkeratotic, nonhypertrophic, visible or palpable actinic keratosis (AK) of the full face or balding scalp	Not recommended	133	Dec 13/Jan 14
Imiquimod 5% Cream (Aldara Cream®) (385/07)	Actinic keratoses	GPs may prescribe under the direction of a Dermatologist	79 Protocol 71	May 2008 Jul 2007
Imiquimod Cream (Aldara®)	Basal cell carcinoma	GPs may prescribe under the direction of a dermatologist	50	2005

Imlifidase 11mg powder for concentrate for solution for infusion (Idefirix®) SMC2445	For desensitisation treatment of highly sensitised adult kidney transplant patients with positive crossmatch against an available deceased donor. The use of imlifidase should be reserved for patients unlikely to be transplanted under the available kidney allocation system including prioritisation programmes for highly sensitised patients. In a phase II study, imlifidase reduced donor specific antibodies and converted positive crossmatch to negative in highly sensitised patients awaiting kidney transplantation from a deceased donor.	Available from a specialist centre in another NHS Board	191	Nov 2022
Inclisiran 284mg solution for injection in pre-filled syringe (Leqvio®)	For adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet: • in combination with a statin or statin with other lipid lowering therapies in patients who are unable to reach LDL-C goals with the maximum tolerated dose of a statin, or • alone or in combination with other lipid lowering therapies in patients who are statin intolerant, or for whom a statin is contraindicated. SMC restriction: for specialist use only in patients at high cardiovascular risk as follows: • patients with heterozygous familial hypercholesterolaemia (hefh) and LDL-C ≥5.0mmol/L, for primary prevention of cardiovascular events or, • patients with hefh and LDL-C≥3.5mmol/L, for secondary prevention of cardiovascular events or, • patients with high risk due to previous cardiovascular events and LDL-C≥4.0mmol/L or, • patients with recurrent/polyvascular disease and LDL-C≥3.5mmol/L.	Not routinely available as local implementation plans are being developed or the ADTC is waiting for further advice from local clinical experts - decision expected by December 2021	186	Sept 2021
Indacaterol / glycopyrronium / mometasone furoate (Enerzair Breezhaler)	As a maintenance treatment of asthma in adult patients not adequately controlled with a maintenance combination of a long-acting beta2-agonist and a high dose of an inhaled	Not routinely available as local clinical experts do not wish to add the medicine to the	185	July 2021

SMC2355	corticosteroid who experienced one or more asthma exacerbations in the previous year. Indacaterol / glycopyrronium / mometasone furoate (Enerzair Breezhaler®) offers an additional treatment choice of high dose inhaled corticosteroid (ICS), long-acting beta2-agonist (LABA) and long-acting muscarinic antagonist (LAMA) in a single inhaler. SMC has previously accepted an alternative LAMA as an add-on treatment to ICS and LABA in asthma.	forulary at this time or there is a local preference for alternative medicines.		
Indacaterol / mometasone (Atectura Breezhaler) SMC2356	As a maintenance treatment of asthma in adults and adolescents 12 years of age and older not adequately controlled with inhaled corticosteroids and inhaled short-acting beta2-agonists. Indacaterol / mometasone furoate (Atectura Breezhaler®) offers an additional treatment choice of inhaled corticosteroid (ICS) and long-acting beta2-agonist (LABA) in a single inhaler. SMC has previously accepted alternative LABA / ICS combinations for use in asthma.	Not routinely available as local clinical experts do not wish to add the medicine to the forulary at this time or there is a local preference for alternative medicines.	185	July 2021
Indacaterol (Onbrez Breezhaler®) (619/10)	COPD	Formulary	123 99	Jan 2013 Aug/Sep 2010
Indacaterol maleate (Ultibro Breezhaler®) (922/13)	COPD	Formulary	144	Jan/Feb 2015
Infliximab (Inflectra®) (1007/14)	Rheumatoid arthritis: in combination with methotrexate, for the reduction of signs and symptoms as well as improvement in physical function in: - adult patients with active disease when the response to disease-modifying antirheumatic drugs (DMARDs), including methotrexate has been inadequate; - adult patients with severe, active and progressive disease not previously treated with methotrexate or other DMARDs.	Non-formulary	147 153	Apr 2015 Jan/Feb 2016

	Infliximab (Inflectra®) is also indicated in the following conditions: adult and paediatric Crohn's disease and ulcerative colitis; adult ankylosing spondylitis, psoriatic arthritis and psoriasis.			
Infliximab (Remicade®) (739/11)	Moderately active Crohn's disease in adults	Non-formulary	111 153	Nov 2011 Jan/Feb 2016
Infliximab (Remicade®) (448/08)	Severe, active Crohn's disease in paediatric patients	Non-formulary	77 153	Mar 2008 Jan/Feb 2016
Infliximab (Remicade®) (318/06)	Severe plaque psoriasis in adults	Non-formulary	100 68 153	Oct/Nov 2010 May 2007 Jan/Feb 2016
Infliximab (Remicade®) (374/07)	Treatment of moderately to severely active ulcerative colitis in adult patients who have had an inadequate response to conventional therapy including corticosteroids and 6-mercaptopurine or azathioprine, or who are intolerant to or have medical contraindications for such therapies.	Non-formulary	140 138 91 68 149 153	Jul/Aug 2014 May/June 2014 July 2009 May 2007 Jun/Jul 2015 Jan/Feb 2016
Infliximab (Remicade®) (363/07)	Maintenance treatment of severe, active Crohn's disease	Non-formulary	140 68 153	Jul/Aug 2014 May 2007 Jan/Feb 2016
Infliximab (Remicade®) (364/07)	Maintenance treatment of fistulising, active Crohn's disease	Non-formulary	68 153	May 2007 Jan/Feb 2016
Infliximab (Remicade®)	Ankylosing spondylitis	Non-formulary	81 54 41 153	Jul 2008 2005 2004 Jan/Feb 2016
Infliximab (Remicade®) (854/13)	Severely active ulcerative colitis in children and adolescents aged 6 to 17 years	Non-formulary	126 153	Apr 2013 Jan/Feb 2016

Infliximab (Remsima®) (1006/14)	Rheumatoid arthritis: in combination with methotrexate, for the reduction of signs and symptoms as well as improvement in physical function in: - adult patients with active disease when the response to disease-modifying antirheumatic drugs (DMARDs), including methotrexate has been inadequate; - adult patients with severe, active and progressive disease not previously treated with methotrexate or other DMARDs. Infliximab (Remsima®) is also indicated in the following conditions: adult and paediatric Crohn's disease and ulcerative colitis; adult psoriatic arthritis, psoriasis and ankylosing spondylitis.	Formulary Hospital Use Only	147 153	Apr 2015 Jan/Feb 2016
Ingenol mebutate (Picato®) (851/13)	Cutaneous treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis in adults	Formulary	126	Apr 2013
Inhaled insulin (Exubera®) Discontinued January 2008	Diabetes mellitus	Discontinued	71 Protocol 65 61	July 2007 Jan 2007 2006
Inotersen 284mg solution for injection in pre-filled syringe (Tegsedi®) SMC2188	For the treatment of stage 1 or stage 2 polyneuropathy in adult patients with hereditary transthyretin amyloidosis (hATTR).	Not routinely available as local clinical experts do not wish to add the medicine to the formulary at this time or there is a local preference for alternative medicines.	177	Dec 2019
Inotuzumab ozogamicin 1mg powder for concentrate for solution for infusion (BESPONSA®) SMC No 1328/18	As monotherapy for the treatment of adults with relapsed or refractory CD22-positive B cell precursor acute lymphoblastic leukaemia (ALL). Adult patients with Philadelphia chromosome positive relapsed or refractory B cell precursor ALL should have failed treatment with at least one tyrosine	Not recommended	169	July 2018

	kinase inhibitor. SMC restriction: in patients for whom the intent is to proceed to stem cell transplantation.			
isatuximab 20mg/mL concentrate for solution for infusion (Sarclisa®) SMC2423	In combination with carfilzomib and dexamethasone, for the treatment of adult patients with multiple myeloma who have received at least one prior therapy. The holder of the marketing authorisation has not made a submission to SMC regarding this product in this setting. As a result we cannot recommend its use within NHSScotland.		187	Dec 2021
Insulin aspart 100 units/mL solution for injection in vial (Fiasp®); solution for injection in cartridge (Penfill®); solution for injection in pre-filled pen (FlexTouch®) (1227/17)	Treatment of diabetes mellitus in adults	Available in line with national guidance GP under the direction of the Diabetes Clinic	161	Jun 2017
Insulin degludec/liraglutide (Xultophy®) (1088/15)	Treatment of adults with type 2 diabetes mellitus to improve glycaemic control in combination with oral glucose-lowering medicinal products when these alone or combined with a GLP-1 receptor agonist or with basal insulin do not provide adequate glycaemic control.	Formulary GP under direction of Diabetes Clinic	152	Nov/Dec 2015
Insulin degludec (Tresiba®) (1060/15)	Treatment of diabetes mellitus in adolescents and children from the age of 1 year.	Not recommended	148	May 2015
Insulin degludec (Tresiba®) (856/13)	Diabetes mellitus in adults	Available in line with local guidance for prescribing GP under the direction of the Diabetes Clinic	136 127 156	Mar/Apr 2014 May 2013 Sep 2016
Insulin detemir (Levemir®) - Innolet device (393/07)	Diabetes mellitus	Available in line with local guidance for prescribing	171 72	Oct 2018 Sept 2007

		GP under the direction of the Diabetes Clinic		
Insulin detemir (Levemir®) (780/12)	Diabetes mellitus	GPs may prescribe under the direction of the Paediatric Diabetes Clinic	117 52 43	May/June 2012 2005 2004
Insulin glargine plus lixisenatide (Suliqua®), 100 units/mL plus 50 microgram/mL and 100 units/mL plus 33 micrograms/mL solution for subcutaneous injection in pre-filled pens SMC 2235	In combination with metformin for the treatment of adults with type 2 diabetes mellitus, to improve glycaemic control when this has not been provided by metformin alone or metformin combined with another oral glucose-lowering medicinal product or with basal insulin. SMC restriction: for use in patients who are uncontrolled on basal insulin (glycosylated haemoglobin [HbA1c] > 7.5% [59mmol/mol]) and for whom a GLP-1 receptor agonist is appropriate as an add-on intensification therapy to basal insulin analogues	Not routinely available as local clinical experts do not wish to add the medicine to the formulary at this time or there is a local preference for alternative medicines.	180	Sept 2020
Insulin glargine (Toujeo®) (1078/15)	For the treatment of type 1 or type 2 diabetes mellitus in adults aged 18 years and above.	Available in line with local guidance for prescribing GP under the direction of the Diabetes Clinic	171 151	Oct 2018 Sep/Oct 2015
Insulin glargine 100 units/mL solution for injection in vial; cartridge (Lantus®, Clikstar®); pre-filled pen (Lantus® Solostar®) (860/13)	Diabetes mellitus in adults, adolescents and children aged 2 years and above	Available in line with local guidance for prescribing New adult patients should be commenced on Abasaglar®(insulin glargine 100 units/mL) GP under the direction of the Diabetes Clinic	127	May 2013
Insulin lispro solution for injection (Humalog®	Diabetes mellitus Diabetes mellitus where use of this short-acting insulin analogue is appropriate	Available in line with local	171	Oct 2018

KwikPen) (508/08)		guidance for prescribing GP under the direction of the Diabetes Clinic	84	Nov 2008
Insulin lispro (Humalog® Mix25 KwikPen) and insulin lispro (Humalog® Mix 50 KwikPen) (509/08)	Diabetes Mellitus where use of this biphasic insulin analogue is appropriate	Available in line with local guidance for prescribing GP under the direction of the Diabetes Clinic	171 84	Oct 2018 Nov 2008
Insulin glulisine (Apidra®) (512/08)	Diabetes mellitus in adolescents and children aged 6 years and above	Non-formulary	84	Nov 2008
Insulin glulisine (Apidra®, Apidra® Solostar®) (298/06) (457/08)	Diabetes mellitus in adults	Available in line with local guidance for prescribing GP under the direction of the Diabetes Clinic	171 78 61	Oct 2018 Apr 2008 2006
Interferon alfa 2b(Viraferon® and Intron A®)	Chronic hepatitis C in children/adolescents	Not recommended	59	2006
Interferon beta-1a (Rebif®) (825/12)	Patients with a single demyelinating event with an active inflammatory process, if alternative diagnoses have been excluded, and if they are determined to be at high risk of developing clinically definite multiple sclerosis.	Available in line with local guidance for prescribing Please note that Rebif pre-dated formation of SMC, non-submission applies only to license extension	122	Dec 2012
Interferon beta-1b (Betaferon®)	Clinically isolated syndrome	Not recommended	66	Feb 2007
Interferon beta 1a (Avonex®)	Multiple sclerosis	Available in line with local guidance for prescribing	33	2003
Ipilimumab 5mg/mL	As monotherapy for the treatment of advanced (unresectable	Available form tertiary centre.	172	Dec 2018

concentrate for solution for infusion (Yervoy®) SMC2094	or metastatic) melanoma in adolescents 12 years of age and older.			
Ipilimumab (Yervoy®) (997/14)	Treatment of advanced (unresectable or metastatic) melanoma in adults (first-line use).	HOSPITAL ONLY (Oncology)	143	Nov/Dec 2014
Ipilimumab (Yervoy®) (779/12)	Advanced (unresectable or metastatic) melanoma in adults	HOSPITAL ONLY (Oncology)	127 117	May 2013 May/June 2012
Irbesartan (Aprovel®)	Renal disease in pts. with hypertension and type 2 diabetes mellitus		50 26	2003
Iron (III) isomaltoside 1000 (contains 50mg iron per ml) solution for injection (Diafer®) SMC 1177/16	For the treatment of iron deficiency in adults with chronic kidney disease (CKD) on dialysis, when oral iron preparations are ineffective or cannot be used.	Not routinely available as local clinical experts do not wish to add the medicine to the formulary at this time or there is a local preference for alternative medicines	157 160	Nov 2016 Apr 2017
Iron isomaltoside (Monofer®) (697/11)	Iron deficiency anaemia	Not recommended in Tayside	109 106	Sept 2011 May/Jun 2011
Isatuximab 20mg/mL concentrate for solution for infusion (Sarclisa®) SMC2303	Indication under review: in combination with pomalidomide and dexamethasone, for the treatment of adult patients with relapsed and refractory multiple myeloma (RRMM) who have received at least two prior therapies including lenalidomide and a proteasome inhibitor (PI) and have demonstrated disease progression on the last therapy. SMC restriction: patients receiving fourth-line therapy. Addition of isatuximab to pomalidomide plus dexamethasone significantly increased progression-free survival (PFS) in adults with RRMM who had received at least two prior lines of therapy including lenalidomide and a PI.	Available in line with national guidance	184	May 2021

Isavuconazole, 200mg powder for concentrate for solution for infusion and 100mg hard capsules (Cresemba®) SMC 1129/16	In adults for the treatment of: invasive aspergillosis mucormycosis in patients for whom amphotericin B is inappropriate	Available in line with national guidance	155	Jun 2016
Ivabradine (Procoralan®) (805/12)	Chronic heart failure (NYHA) II to IV class with systolic dysfunction	GPs may prescribe under the direction of cardiology/Heart Failure clinic or the Heart Failure Nurses Liaison Services. Restricted to patients whose resting HR remains >75 beats per minute despite optimal standard therapy.	121	Nov 2012
Ivabradine (Procoralan®) (689/11)	Chronic stable angina in combination with beta-blockers	Not recommended	103	Feb/Mar 2011
Ivabradine (Procoralan®) (319/06)	Chronic stable angina	Formulary - restricted use	100 67 62	Oct/Nov 2010 Mar 2007 2006
Ivacaftor 150mg film-coated tablets (Kalydeco®) SMC 1193/16	For the treatment of patients with cystic fibrosis (CF) aged 18 years and older who have an R117H mutation in the CF transmembrane conductance regulator (CFTR) gene	Not available as not recommended for use in NHS Scotland	159	Feb 2017
Ivacaftor 50mg and 75 mg granules in sachet (Kalydeco®) SMC 1134/16	Treatment of children with cystic fibrosis (CF aged 2 years and older and weighing less than 25kg who have one of the following gating (class III) mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) gene: G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N or S549R	Not available as not recommended for use in NHS Scotland	155	Jun 2016
Ivacaftor (Kalydeco®) (827/12)	Cystic Fibrosis	Not recommended	128 124	June/July 2013 Feb 2013

Ivermectin 10mg/g cream (Soolantra®) SMC No. 1104/15	Topical treatment of inflammatory lesions of rosacea (papulopustular) in adult patients. SMC Restriction: the treatment of moderate to severe inflammatory lesions of rosacea where a topical treatment is considered appropriate.	Formulary	153	Jan/Feb 2016
ivosidenib (Tibsovo) Servier Laboratories SMC2615	In combination with azacitidine for the treatment of adult patients with newly diagnosed acute myeloid leukaemia (AML) with an isocitrate dehydrogenase-1 (IDH1) R132 mutation who are not eligible to receive standard induction chemotherapy.		Awaiting publication	April 2024
Ixazomib 2.3mg, 3mg and 4mg hard capsules (Ninlaro ®) SMC 2099	In combination with lenalidomide and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least one prior therapy	Not available as not recommended for use in NHS Scotland	170	Sep 2018
Ixekizumab 80mg solution for injection in pre-filled syringe or pen (Taltz®) SMC2440	Ankylosing spondyloarthritis (radiographic axial spondyloarthritis) Treatment of adult patients with active ankylosing spondylitis who have responded inadequately to conventional therapy. Non-radiographic axial spondyloarthritis Treatment of adult patients with active non-radiographic axial spondyloarthritis with objective signs of inflammation as indicated by elevated C-reactive protein (CRP) and/or magnetic resonance imaging (MRI) who have responded inadequately to nonsteroidal anti-inflammatory drugs (NSAIDs).	Not available as not recommended for use in NHS Scotland	190	August 2022
Ixekizumab 80mg solution for injection in pre-filled syringe or pen (Taltz®) SMC2097	Ixekizumab, alone or in combination with methotrexate, is indicated for the treatment of active psoriatic arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drug (DMARD) therapies.	Not routinely available as local clinical experts do not wish to add the medicine to the formulary at this time or there is a local preference for alternative medicines	172	Dec 2018
Ixekizumab 80mg solution for	Moderate to severe plaque psoriasis in adults who are candidates for systemic therapy. SMC Restriction: patients	Not routinely available as local clinical experts do not wish to	161	Jun 2017

injection (Taltz®) (1223/17)	who have failed to respond to standard systemic therapies, are intolerant to, or have a contra-indication to these treatments and including patients who have failed on one or more tumour necrosis factor (TNF) antagonists.	add the medicine to the formulary at this time or there is a local preference for alternative medicines		

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