

Monthly briefings are produced in order to help members of the media and other interested groups understand the work and advice of the Scottish Medicines Consortium. The full advice for each drug that we have assessed can be found at [www.scottishmedicines.org](http://www.scottishmedicines.org).

SMC has this month accepted the following drugs for use within NHSScotland.

## Rituximab (MabThera<sup>®</sup>)

SMC has accepted rituximab for the first-line treatment of patients with chronic lymphocytic leukaemia in combination with fludarabine and cyclophosphamide (drugs used in chemotherapy). It should only be used by doctors who have expertise in blood diseases and cancers of the blood.

- Chronic lymphocytic leukaemia (CLL) is the most common type of leukaemia (cancer of the white blood cells). Healthy white blood cells develop in the bone marrow and help to fight infection. In CLL, the white blood cells are not fully developed and multiply out of control crowding out healthy blood cells that can fight infection. CLL usually develops very slowly and many people with CLL do not need treatment for months or years.
- CLL is treated by surgery, drugs, radiation or a combination of radiation and drugs (known as radiotherapy and chemotherapy). Rituximab is a type of anti-cancer drug called a monoclonal antibody. It binds to the abnormal cells and helps to destroy them while having no effect on healthy blood cells. Rituximab is given via a drip.
- Patients treated with rituximab together with fludarabine and cyclophosphamide survived without progression of the disease for about 7 months longer than patients treated with fludarabine and cyclophosphamide alone.
- No new safety concerns have been identified with rituximab used in conjunction with chemotherapy in this setting.

## About SMC

The purpose of the Scottish Medicines Consortium (SMC) is to accept for use those newly licensed drugs that clearly represent good value for money to NHSScotland.

SMC analyses information supplied by the drug manufacturer on the health benefits of the drug and justification of its price.

Because the NHS has limited resources, SMC works to make sure that those drugs which represent good value for money are accepted for routine use as quickly as possible so that they can benefit patients.

The Consortium is made up of lead clinicians, pharmacists and health economists together with representatives of health boards, the pharmaceutical industry, the public and the Scottish Government.

### ■ Contact Details

If you are interested in the work of SMC you can visit our website at:

[www.scottishmedicines.org.uk](http://www.scottishmedicines.org.uk)

or contact us at:

Scottish Medicines Consortium  
Delta House (8th floor)  
50 West Nile Street  
Glasgow  
G1 2NP

[smcsecretariat@nhshealthquality.org](mailto:smcsecretariat@nhshealthquality.org)

### ■ Media Contact

Members of the media should contact **Stephen Ferguson** on 07779 329 689

although there was a higher incidence of blood and lymphatic disorders reported in the rituximab group, in particular neutropenia (low number of a type of white blood cells called neutrophils) and leucopenia (a decrease in the number of white blood cells).

- SMC accepted rituximab for restricted use because it is effective and offers good value for money.

SMC decided that the following drugs are not value for money for NHSScotland.

## Aripiprazole (Abilify<sup>®</sup>)

SMC did not accept aripiprazole for use within NHSScotland to treat moderate to severe manic episodes in bipolar I disorder and to prevent a new manic episode in patients who experienced predominantly manic episodes and whose manic episodes responded to aripiprazole treatment.

- Bipolar I disorder is a mental illness that causes extreme mood swings. Patients with this disease suffer from manic and depressive episodes, as well as having periods where they are symptom free. Symptoms of a manic episode include feeling 'high', having excessive amounts of energy, needing much less sleep than usual, talking very quickly with racing ideas and sometimes severe irritability. In a depressive phase, patients may suffer from lasting sadness or empty mood, loss of interest in activities once enjoyed, difficulty in concentrating, sleep disturbance and overwhelming feelings of worthlessness, guilt and hopelessness that often lead to thoughts of suicide or death.
- Aripiprazole is one of a group of medicines known as atypical antipsychotics, which help to stabilise mood. It is given as a tablet once daily.
- Short-term studies showed that aripiprazole was better than placebo at reducing manic symptoms and as good at maintaining a treatment effect as other comparators at the end of a three-month period. Over 6 months, aripiprazole was also better than placebo at preventing relapse.
- The most common side effects of aripiprazole are headache, nausea, anxiety, depression, nervousness, akathisia (inner restlessness), insomnia and weight gain.
- SMC decided not to accept aripiprazole as second-line treatment because aripiprazole was no more effective than the comparators in the analysis and the benefits did not outweigh the extra cost.

## Pemetrexed (Alimta<sup>®</sup>)

SMC did not recommend pemetrexed in combination with cisplatin for first-line treatment of patients with locally advanced or metastatic (spreading) non-small cell lung cancer that does not affect squamous cells (cells that line the airways).

- Non-small cell lung cancer (NSCLC) is a type of lung cancer. About 80 out of every 100 lung cancers are diagnosed as NSCLC, and it is usually caused by smoking. There are three types of NSCLC: squamous cell carcinoma, adenocarcinoma (cancer of airway cells that produce

mucus) and large cell carcinoma (cancer of large cells in the airways). This SMC application considers the use of pemetrexed primarily in patients with adenocarcinoma.

- NSCLC may be treated with surgery, drugs, radiation or by a combination of radiation and drugs. The treatment used depends on the size and spread of the cancer when it is diagnosed. Pemetrexed is a drug that works by blocking the growth of cancer cells. It is given through a drip, and should be given with another drug called a corticosteroid and the vitamins, folic acid and vitamin B12.
- In patients with NSCLC that did not affect the squamous cells, treatment with pemetrexed and cisplatin showed a small improvement in patient survival compared with another cisplatin combination regimen.
- Nausea was more common, and eye disorders, kidney failure, dry skin, anorexia and pigmentation disorder were more likely to occur in patients treated with pemetrexed and cisplatin than with the other regimen. Fewer blood toxicities such as neutropenia, anaemia (low numbers of red blood cells) and thrombocytopenia (low numbers of a type of white blood cells called platelets) were reported, and fewer transfusions were administered in the pemetrexed and cisplatin group.
- SMC did not accept pemetrexed in combination with cisplatin for use in NHSScotland because the case submitted by the manufacturer failed to show that the drug is good value for money.

For drugs that have not been accepted by SMC, all NHS boards have procedures in place to consider individual requests when a doctor feels the drug would be right for a particular patient. SMC has told the manufacturers why the drug was not accepted and would be pleased to receive any resubmission.

For further information and to view the complete advice for the drugs listed above, visit our website at:

[www.scottishmedicines.org.uk](http://www.scottishmedicines.org.uk)