

In Scotland, a newly licensed medicine is routinely available in a health board only after it has been:

- accepted for use in NHS Scotland by the Scottish Medicines Consortium (SMC), and
- accepted for use by the health board's Area Drug and Therapeutics Committee (ADTC).

All medicines accepted by SMC are available in Scotland, but may not be considered 'routinely available' within a particular health board because of available services and preferences for alternative medicines.

'Routinely available' means that a medicine can be prescribed by the appropriately qualified person within a health board.

Each health board has an ADTC. The ADTC, Grampian Area Drug and Therapeutics Committee, is responsible for advising NHS Grampian health board on all aspects of the use of medicines.

Medicines routinely available within NHS Grampian are usually included in the Grampian Joint Formulary. The formulary is a list of medicines for use in the health board that has been agreed by the ADTC in consultation with local clinical experts. It offers a choice of medicines for healthcare professionals to prescribe for common medical conditions. A formulary can help improve safety as prescribers are likely to become more familiar with the medicines in it and also helps make sure that standards of care are consistent across the health board.

How does the health board decide which new medicines to make routinely available for patients?

The ADTC in a health board will consider national and local guidance before deciding whether to make a new medicine routinely available.

What national guidance does the ADTC consider?

- SMC advice: The SMC considers newly licensed medicines and advises health boards in Scotland whether they should be available. When SMC considers a new medicine for the NHS in Scotland, it looks at:
 - how well the medicine works,
 - which patients might benefit from it,
 - whether it is as good or better than medicines the NHS already uses to treat the medical condition, and
 - whether it is good value for money.
- In the table below, national guidance usually refers to SMC advice. Links to SMC advice for individual medicines are also included in the table.
- In some cases, other agencies may also provide guidance on how medicines should be used. For example, Healthcare Improvement Scotland issues alerts to advise if National Institute for Health and Care Excellence Multiple Technology Appraisals (NICE MTAs) are applicable in Scotland.

What local guidance does the ADTC consider?

- Advice from local clinical experts who would be expected to prescribe a particular medicine, where that service is available in a health board.

Why is a particular medicine not routinely available in NHS Grampian?

- This is usually because the medicine is not recommended for use in NHS Scotland by the SMC.
- The medicine may not be routinely available in a health board, particularly in smaller health boards, because there is not a suitable specialist who may use the medicine.
- There may also be differences as to which medicines are preferred in health boards. Sometimes SMC accepts more than one medicine for treating a specific medical condition. Clinical experts in each health board consider whether to add new medicines to their formulary and advise the ADTC. Sometimes it is agreed that established medicines are a better choice than new medicines.

What happens if a particular medicine is not routinely available in NHS Grampian?

- If a medicine is not routinely available and not included in the Grampian Joint Formulary and there are no suitable alternatives on the formulary, a healthcare professional can request to prescribe a medicine that is not on the formulary if they think you will benefit from using it. All health boards have procedures in place to consider requests when a healthcare professional feels a medicine that is not on the formulary would be right for a particular patient.

The table below lists NHS Grampian's latest decisions on medicines.

If you need more information on medicines decisions in NHS Grampian, please email gram.formularyteam@nhs.scot.

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This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.

NHS Grampian new medicines decisions - Formulary Group decisions 18 January 2022

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
baricitinib 2mg, 4mg film-coated tablets (Olumiant®)	2337	For the treatment of moderate to severe atopic dermatitis in adults who are candidates for systemic therapy who have failed at least one current systemic immunosuppressant due to intolerance, contraindication or inadequate disease control.	Routinely available in line with national guidance, SMC 2337 https://www.scottishmedicines.org.uk/media/6030/baricitinib-olumiant-final-may-2021-for-website.pdf	18/01/2022
budesonide 9mg prolonged release tablet (Cortiment®)	2448	Induction of remission in patients with active microscopic colitis.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	18/01/2022
eculizumab 300mg concentrate for solution for infusion (Soliris®)	2456	Treatment of adults with neuromyelitis optica spectrum disorder in patients who are anti-aquaporin-4 antibody-positive with a relapsing course of the disease.	Not routinely available as not recommended for use in NHS Scotland, SMC 2456 https://www.scottishmedicines.org.uk/media/6585/eculizumab-soliris-non-sub-final-december-2021docx-for-website.pdf	18/01/2022
esketamine 28mg nasal spray solution (Spravato®)	2258	In combination with a selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI), for adults with treatment-resistant Major Depressive Disorder, who have not responded to at least two different treatments with antidepressants in the current moderate to severe depressive episode.	Routinely available in line with national guidance, SMC 2258 https://www.scottishmedicines.org.uk/media/5353/esketamine-spravato-final-august-2020docx-for-website.pdf	18/01/2022
nivolumab 10mg/mL concentrate for solution for infusion (Opdivo®)	2397	In combination with ipilimumab and 2 cycles of platinum-based chemotherapy for the first-line treatment of metastatic non-small cell lung cancer in adults whose tumours have no sensitising EGFR mutation or ALK translocation.	Not routinely available as not recommended for use in NHS Scotland, SMC 2397 https://www.scottishmedicines.org.uk/media/6586/nivolumab-opdivo-final-december-2021docx-for-website.pdf	18/01/2022

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opicapone 50mg hard capsules (Ongentys®)	2430	As adjunctive therapy to preparations of levodopa/DOPA decarboxylase inhibitors (DDCI) in adult patients with Parkinson's disease and end-of-dose motor fluctuations who cannot be stabilised on those combinations.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	18/01/2022
osimertinib 40mg, 80mg film-coated tablets (Tagrisso®)	2382	As monotherapy for the first-line treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating epidermal growth factor receptor (EGFR) mutations.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	18/01/2022
pembrolizumab 25mg/mL concentrate for solution for infusion (Keytruda®)	2380	As monotherapy for the treatment of adult and paediatric patients aged 3 years and older with relapsed or refractory classical Hodgkin lymphoma who have failed autologous stem cell transplant (ASCT) or following at least two prior therapies when ASCT is not a treatment option. Restriction: treatment with pembrolizumab is subject to a two-year clinical stopping rule.	Routinely available in line with national guidance, SMC 2380 https://www.scottishmedicines.org.uk/media/6423/pembrolizumab-keytruda-final-october-2021-for-website.pdf	18/01/2022
ponesimod titration pack, 20mg film-coated tablets (Ponvory®)	2384	The treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) with active disease defined by clinical or imaging features, suitable for or requesting an oral treatment.	Routinely available in line with national guidance, SMC 2384 https://www.scottishmedicines.org.uk/media/6424/ponesimod-ponvory-abbreviated-final-october-2021-for-website.pdf	18/01/2022
teriflunomide 14mg film-coated tablets (Aubagio®)		For the treatment of paediatric patients aged 10 years to < 18 years with relapsing remitting multiple sclerosis. Restriction: as an alternative to treatment with interferon beta or glatiramer acetate.	Routinely available in line with local guidance	18/01/2022

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Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
tralokinumab 150mg solution for injection in pre-filled syringe (Adtralza®)	2403	Treatment of moderate-to-severe atopic dermatitis in adult patients who are candidates for systemic therapy. SMC restriction: patients who have had an inadequate response to an existing systemic immunosuppressant such as ciclosporin, or in whom such treatment is considered unsuitable.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	18/01/2022
trastuzumab deruxtecan 100mg powder for concentrate for solution for infusion (Enhertu®)	2388	As monotherapy for the treatment of adult patients with unresectable or metastatic human epidermal growth factor receptor 2 (HER2)-positive breast cancer who have received two or more prior anti-HER2-based regimens.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	18/01/2022
tucatinib 50mg, 150mg film-coated tablets (Tukysa®)	2398	In combination with trastuzumab and capecitabine for the treatment of adult patients with HER2-positive locally advanced or metastatic breast cancer who have received at least two prior anti-HER2 treatment regimens.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	18/01/2022