

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](mailto: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 15 February 2022

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
adrenaline tartrate 300micrograms, 500micrograms solution for injection in pre-filled pen (Emerade®)		For the emergency treatment of severe acute allergic reactions (anaphylaxis) triggered by allergens in foods, medicines, insect stings or bites, and other allergens as well as for exercise-induced or idiopathic anaphylaxis. <b>Restriction:</b> as a second-line choice.	Routinely available in line with local guidance	15/02/2022
cannabidiol 100mg/mL oral solution (Epidyolex®)	<a href="#">2402</a>	For use as adjunctive therapy of seizures associated with tuberous sclerosis complex (TSC) for patients 2 years of age and older.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	15/02/2022
cenobamate 12.5mg, 25mg, 50mg, 100mg, 150mg, 200mg film-coated tablets (Ontozry®)	<a href="#">2408</a>	For the adjunctive treatment of focal-onset seizures with or without secondary generalisation in adult patients with epilepsy who have not been adequately controlled despite treatment with at least 2 anti-epileptic medicinal products. <b>SMC restriction:</b> in patients with drug-resistant epilepsy as a second-line adjunctive anti-seizure medicine, after the failure of the first adjunctive anti-seizure medicine.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	15/02/2022
diroximel fumarate 231mg gastro-resistant hard capsules (Vumerity®)	<a href="#">2444</a>	Treatment of adult patients with relapsing remitting multiple sclerosis.	Not routinely available as there is a local preference for alternative medicines	15/02/2022
enzalutamide 40mg film-coated tablets (Xtandi®)	<a href="#">2400</a>	Treatment of adults with metastatic hormone-sensitive prostate cancer (mHSPC) in combination with androgen deprivation therapy (ADT).	Not routinely available as the ADTC is waiting for further advice from local clinical experts	15/02/2022
ibrutinib 140mg, 280mg, 420mg film-coated tablets (Imbruvica®)	<a href="#">2387</a>	As a single agent for the treatment of adults with Waldenström's macroglobulinaemia who have received at least one prior therapy.	Routinely available in line with national guidance, SMC 2387 <a href="https://www.scottishmedicines.org.uk/media/6542/ibrutinib-imbruvica-final-november-2021-for-website.pdf">https://www.scottishmedicines.org.uk/media/6542/ibrutinib-imbruvica-final-november-2021-for-website.pdf</a>	15/02/2022

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nivolumab 10mg/mL concentrate for solution for infusion (Opdivo®)	<a href="#">2385</a>	In combination with ipilimumab for the first-line treatment of adult patients with unresectable malignant pleural mesothelioma (MPM).	Not routinely available as the ADTC is waiting for further advice from local clinical experts	15/02/2022
pemigatinib 4.5mg, 9mg, 13.5mg tablets (Pemazyre®)	<a href="#">2399</a>	For the treatment of adults with locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or rearrangement that have progressed after at least one prior line of systemic therapy.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	15/02/2022
risdiplam 0.75mg/mL powder for oral solution (Evrysdi®)	<a href="#">2401</a>	For the treatment of 5q spinal muscular atrophy (SMA) in patients 2 months of age and older, with a clinical diagnosis of SMA type 1, type 2 or type 3 or with one to four SMN2 [survival of motor neuron 2] copies.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	15/02/2022
selpercatinib 40mg, 80mg hard capsules (Retsevmo®)	<a href="#">2370</a>	As monotherapy for the treatment of - adults with advanced RET fusion-positive thyroid cancer who require systemic therapy following prior treatment with sorafenib and/or lenvatinib. - adults and adolescents 12 years and older with advanced RET-mutant medullary thyroid cancer (MTC) who require systemic therapy following prior treatment with cabozantinib and/or vandetanib.	Routinely available in line with national guidance, on an interim basis subject to ongoing evaluation and future reassessment, SMC 2370 <a href="https://www.scottishmedicines.org.uk/media/6247/selpercatinib-retsevmo-final-august-2021-for-website.pdf">https://www.scottishmedicines.org.uk/media/6247/selpercatinib-retsevmo-final-august-2021-for-website.pdf</a>	15/02/2022
tirbanibulin 10mg/g ointment (Klisyri®)	<a href="#">2395</a>	Field treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis (Olsen grade 1) of the face or scalp in adults.	Routinely available in line with national guidance, SMC 2395 <a href="https://www.scottishmedicines.org.uk/media/6538/tirbanibulin-klisyri-final-november-2021-for-website.pdf">https://www.scottishmedicines.org.uk/media/6538/tirbanibulin-klisyri-final-november-2021-for-website.pdf</a>	15/02/2022