

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 15 March 2022

| Name | Unique identifier | Condition being treated | NHS Grampian decision | Date of decision |
|--|----------------------|---|--|------------------|
| berotralstat 150mg hard capsules (Orladeyo®) | 2405 | Routine prevention of recurrent attacks of hereditary angioedema (HAE) in adult and adolescent patients aged 12 years and older. SMC restriction: patients who experience ≥ two clinically significant attacks per month. | Not routinely available as the ADTC is waiting for further advice from local clinical experts | 15/03/2022 |
| blinatumomab 38.5micrograms powder for concentrate and solution for infusion (Blincyto®) | 2468 | As monotherapy for the treatment of adults with CD19 positive relapsed or refractory B-precursor acute lymphoblastic leukaemia (ALL). | Not routinely available as not recommended for use in NHS Scotland, SMC 2468 https://www.scottishmedicines.org.uk/media/6736/blinatumomab-blincyto-non-sub-final-feb-2022-for-website.pdf | 15/03/2022 |
| dapsone 50mg tablets | 439/21 | For the treatment of adults and adolescents over 12 years with dermatitis herpetiformis and other dermatoses. | Routinely available in line with local guidance | 15/03/2022 |
| daratumumab 1,800mg solution for injection (Darzalex®) | 2469 | In combination with pomalidomide and dexamethasone for the treatment of adult patients with multiple myeloma who have received one prior therapy containing a proteasome inhibitor and lenalidomide and were lenalidomide-refractory, or who have received at least two prior therapies that included lenalidomide and a proteasome inhibitor and have demonstrated disease progression on or after the last therapy. | Not routinely available as not recommended for use in NHS Scotland, SMC 2469 https://www.scottishmedicines.org.uk/media/6737/daratumumab-darzalex-non-sub-final-feb-2022-for-website.pdf | 15/03/2022 |
| dostarlimab 500mg concentrate for solution for infusion (Jemperli®) | 2404 | As monotherapy for the treatment of adult patients with mismatch repair deficient (dMMR)/microsatellite instability-high (MSI-H) recurrent or advanced endometrial cancer (EC) that has progressed on or following prior treatment with a platinum-containing regimen. | Not routinely available as the ADTC is waiting for further advice from local clinical experts | 15/03/2022 |

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| Name | Unique identifier | Condition being treated | NHS Grampian decision | Date of decision |
|---|----------------------|---|--|------------------|
| givosiran 189mg/mL solution for injection (Givlaari®) | 2470 | Treatment of acute hepatic porphyria in adults and adolescents aged 12 years and older. | Not routinely available as not recommended for use in NHS Scotland, SMC 2470 https://www.scottishmedicines.org.uk/media/6728/givosiran-givlaari-non-sub-final-feb-2022-for-website.pdf | 15/03/2022 |
| guselkumab 100mg solution for injection in pre-filled pen (Tremfya®) | 2360 | Alone or in combination with methotrexate (MTX) for the treatment of active psoriatic arthritis in adults: (i) whose disease has not responded adequately or who have been intolerant to two previous conventional disease-modifying antirheumatic drug (DMARD) therapies but have not received biologic DMARD therapy (biologic-naïve population) (ii) whose disease has not responded adequately to conventional DMARDs and one or more tumour necrosis factor (TNF) inhibitors (biologic-experienced population) (iii) in whom TNF inhibitors are contraindicated or not tolerated. | Routinely available in line with national guidance, SMC 2360 https://www.scottishmedicines.org.uk/media/6176/guselkumab-tremfya-final-july-2021-for-website.pdf | 15/03/2022 |
| hydrocortisone modified-release 5mg, 10mg, 20mg hard capsules (Efmody®) | 2414 | Treatment of congenital adrenal hyperplasia (CAH) in adolescents aged 12 years and over and adults. | Not routinely available as not recommended for use in NHS Scotland, SMC 2414 https://www.scottishmedicines.org.uk/media/6729/hydrocortisone-modified-release-efmody-final-feb-2022-for-website.pdf | 15/03/2022 |
| lorlatinib 25mg, 100mg film-coated tablets (Lorviqua®) | 2415 | As monotherapy for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) previously not treated with an ALK inhibitor. | Not routinely available as the ADTC is waiting for further advice from local clinical experts | 15/03/2022 |

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|--|----------------------|--|---|------------------|
| mexiletine 50mg, 100mg, 200mg hard capsules | | For the treatment of documented ventricular arrhythmias which, in the judgement of the physician, are considered as life-threatening. | Routinely available in line with local guidance | 15/03/2022 |
| nivolumab 10mg/mL concentrate for solution for infusion (Opdivo®) | 2394 | In combination with ipilimumab for the treatment of adults with mismatch repair deficient (dMMR) or microsatellite instability-high (MSI-H) metastatic colorectal cancer after prior fluoropyrimidine-based combination chemotherapy. | Not routinely available as there is a local preference for alternative medicines | 15/03/2022 |
| osimertinib 40mg, 80mg film-coated tablets (Tagrisso®) | 2382 | As monotherapy for the first-line treatment of adults with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating epidermal growth factor receptor (EGFR) mutations. | Routinely available in line with national guidance, SMC 2382 https://www.scottishmedicines.org.uk/media/6588/osimertinib-tagrisso-resub-final-december-2021docx-for-website.pdf | 15/03/2022 |
| osimertinib 40mg, 80mg film-coated tablets (Tagrisso®) | 2383 | As monotherapy for the adjuvant treatment after complete tumour resection in adults with stage IB-IIIa non-small cell lung cancer (NSCLC) whose tumours have epidermal growth factor receptor (EGFR) exon 19 deletions (Ex19del) or exon 21 (L858R) substitution mutations. Restriction: treatment with osimertinib is subject to a three-year clinical stopping rule. | Routinely available in line with national guidance, SMC 2383 https://www.scottishmedicines.org.uk/media/6422/osimertinib-tagrisso-final-october-2021-for-website.pdf | 15/03/2022 |
| sacituzumab govitecan 180mg powder for concentrate for solution for infusion (Trodelvy®) | 2446 | Treatment of adult patients with unresectable locally advanced or metastatic triple-negative breast cancer (mTNBC) who have received two or more prior lines of systemic therapies, at least one of them given for unresectable locally advanced or metastatic disease. | Not routinely available as the ADTC is waiting for further advice from local clinical experts | 15/03/2022 |

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|---|----------------------|--|--|------------------|
| solriamfetol 75mg, 150mg film-coated tablets (Sunosi®) | 2419 | To improve wakefulness and reduce excessive daytime sleepiness (EDS) in adult patients with obstructive sleep apnoea (OSA) whose EDS has not been satisfactorily treated by primary OSA therapy, such as continuous positive airway pressure (CPAP). | Not routinely available as not recommended for use in NHS Scotland, SMC 2419 https://www.scottishmedicines.org.uk/media/6732/solriamfetol-sunosi-final-feb-2022-for-website.pdf | 15/03/2022 |
| sotorasib 120mg film-coated tablets (Lumykras®) | 2443 | As monotherapy for the treatment of adult patients with KRAS G12C-mutated, locally advanced or metastatic, non-small cell lung cancer (NSCLC), who have progressed on, or are intolerant to platinum-based chemotherapy and/or anti PD-1/PD-L1 immunotherapy. | Not routinely available as the ADTC is waiting for further advice from local clinical experts | 15/03/2022 |
| standardised allergen extract of pollen from white birch betula verrucosa oral lyophilisate (Itulazax 12 SQ-Bet®) | 2471 | In adult patients for the treatment of moderate-to-severe allergic rhinitis and/or conjunctivitis induced by pollen from the birch homologous group. ITULAZAX is indicated in patients with a clinical history of symptoms despite use of symptom-relieving medication and a positive test of sensitisation to a member of the birch homologous group (skin prick test and/or specific IgE). | Not routinely available as not recommended for use in NHS Scotland, SMC 2471 https://www.scottishmedicines.org.uk/media/6735/betula-verrucosa-itulazax-non-sub-final-feb-for-website.pdf | 15/03/2022 |