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.

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
5-aminolevulinic acid 8mg medicated plaster (Alacare®)	<u>2353</u>	Single use treatment of adults with mild actinic keratoses lesions with a maximum diameter of 1.8cm on the face and scalp (hairless areas).	Routinely available in line with national guidance, SMC 2353 https://www.scottishmedicines.org.uk/media/6028/5- aminolevulinic-acid-alacare-abbreviated-final-may-2021-for- website.pdf	17/05/2022
atidarsagene autotemcel 2 to 10 x 10 cells/mL dispersion for infusion (Libmeldy®)	⁶ <u>2413</u>	Treatment of metachromatic leukodystrophy (MLD) characterized by biallelic mutations in the arylsulfatase A (ARSA) gene leading to a reduction of the ARSA enzymatic activity: - in children with late infantile or early juvenile forms, without clinical manifestations of the disease, - in children with the early juvenile form, with early clinical manifestations of the disease, who still have the ability to walk independently and before the onset of cognitive decline.	Not routinely available in NHS Grampian. If local need identified contact the Pharmacist Team Leader/Principal Pharmacist – Supply (ARI).	17/05/2022
cemiplimab 350mg concentrate for solution for infusion (Libtayo®)	<u>2489</u>	As monotherapy for the first-line treatment of adult patients with non-small cell lung cancer (NSCLC)expressing PD-L1 (in ≥50% tumour cells), with no EGFR, ALK or ROS1 aberrations, who have: - locally advanced NSCLC who are not candidates for definitive chemoradiation, or - metastatic NSCLC	Not routinely available as not recommended for use in NHS Scotland, SMC 2489 https://www.scottishmedicines.org.uk/media/6860/cemipli mab-libtayo-non-sub-final-april-2022-for-website.pdf	17/05/2022

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
dapagliflozin 10mg film-coated tablets (Forxiga®)	<u>2428</u>	In adults for the treatment of chronic kidney disease. SMC restriction: - in patients with an estimated glomerular filtration rate of ≥25 to ≤75 mL/min/1.73m ² at treatment initiation, and - are receiving an angiotensin converting enzyme inhibitor or angiotensin receptor blocker (unless these are not tolerated or contraindicated), and - have a urine albumin creatinine ratio of at least 23mg/mmol, or type 2 diabetes mellitus or both	Not routinely available as the ADTC is waiting for further advice from local clinical experts	17/05/2022
daratumumab 20mg/mL concentrate for solution for infusion, 1,800mg solution for injection (Darzalex®)	<u>2416</u>	In combination with bortezomib, melphalan and prednisone for the treatment of adult patients with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplant.	Not routinely available as not recommended for use in NHS Scotland, SMC 2416 https://www.scottishmedicines.org.uk/media/6870/daratum umab-darzelex-final-april-2022-for-website.pdf	17/05/2022
filgotinib 100mg, 200mg film-coated tablets (Jyseleca®)	<u>2467</u>	For the treatment of adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a biologic agent.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	17/05/2022

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decisior
liraglutide 6mg/mL solution for injection in pre-filled pen (Saxenda®)	2455	SMC restriction: As an adjunct to a reduced- calorie diet and increased physical activity for weight management in adult patients with an initial Body Mass Index (BMI) of BMI ≥35kg/m ² * (obesity class II and above) with: Non-diabetic hyperglycaemia (prediabetes) at high risk of type 2 diabetes which is defined as having either: Fasting plasma glucose level of 5.5 to 6.9mmol/L or HbA1c of 6.0 to 6.4% (42 to 47mmol/mol), and High risk of cardiovascular disease (CVD): Total cholesterol >5mmol/L, or High-density lipoprotein (HDL) <1.0mmol/L for men and <1.3mmol/L for women, or Systolic blood pressure (SBP) >140mmHg Patients should be treated in a specialist weight management service. *a lower BMI cut-off may be more appropriate for members of minority ethnic groups known to be at equivalent risk of the consequences of obesity at a lower BMI than the white population.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	17/05/2022

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
L-Ornithine-L-Aspartate (LOLA) 3g granules for oral solution	445/21	[unlicensed product] For the reduction in recurrence of episodes of overt hepatic encephalopathy (HE) in patients ≥18 years of age. Restriction: as add-on treatment for adults with recurrent HE: - who cannot be adequately controlled with standard therapy alone (lactulose +/- rifaximin) and - who are awaiting liver transplant	Routinely available in line with local guidance	17/05/2022
mepolizumab 100mg powder for solution for injection, 100mg solutior for injection in pre-filled pen, pre- filled syringe (Nucala [®])	<u>2488</u> 1	As add-on treatment for adult patients with inadequately controlled hypereosinophilic syndrome without an identifiable non- haematologic secondary cause.	Not routinely available as not recommended for use in NHS Scotland, SMC 2488 https://www.scottishmedicines.org.uk/media/6855/mepoliz umab-nucala-hs-non-sub-final-april-2022-for-website.pdf	17/05/2022
mepolizumab 100mg powder for solution for injection, 100mg solutior for injection in pre-filled pen, pre- filled syringe (Nucala [®])	<u>2490</u> 1	As an add-on treatment for patients aged 6 years and older with relapsing-remitting or refractory eosinophilic granulomatosis with polyangiitis (EGPA).	Not routinely available as not recommended for use in NHS Scotland, SMC 2490 https://www.scottishmedicines.org.uk/media/6864/mepoliz umab-nucala-egpa-non-sub-final-april-2022-for-website.pdf	17/05/2022
mepolizumab 100mg powder for solution for injection, 100mg solutior for injection in pre-filled pen, pre- filled syringe (Nucala®)	<u>2491</u>	As an add-on therapy with intranasal corticosteroids for the treatment of adult patients with severe chronic rhinosinusitis with nasal polyps for whom therapy with systemic corticosteroids and/or surgery do not provide adequate control.	Not routinely available as not recommended for use in NHS Scotland, SMC 2491 https://www.scottishmedicines.org.uk/media/6856/mepoliz umab-nucala-scr-non-sub-final-april-2022-for-website.pdf	17/05/2022

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
micronised progesterone 200mg pessaries (Cyclogest®)	446/22	 [Off-label use] Management of threatened miscarriage in women with vaginal bleeding who have a confirmed pregnancy and with a history of one or more previous miscarriages. Restriction: second-line option in line with local guideline 'Management of threatened miscarriage (including the use of progesterone where applicable)'. 	Routinely available in line with local guidance	17/05/2022
micronised progesterone 200mg vaginal capsules (Utrogestan Vaginal®)	447/22	[Off-label use] Management of threatened miscarriage in women with vaginal bleeding who have a confirmed pregnancy and with a history of one or more previous miscarriages. Restriction: second-line option in line with local guideline 'Management of threatened miscarriage (including the use of progesterone where applicable)'.	Routinely available in line with local guidance	17/05/2022
nivolumab 10mg/mL concentrate for solution for infusion (Opdivo®)	<u>2429</u>	As monotherapy for the adjuvant treatment of adult patients with completely resected oesophageal or gastro-oesophageal junction cancer who have residual pathologic disease following prior neoadjuvant chemoradiotherapy.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	17/05/2022
olaparib 100mg, 150mg film-coated tablets (Lynparza®)	<u>2367</u>	As monotherapy maintenance treatment of adult patients with platinum-sensitive relapsed BRCA- mutated (germline and/or somatic) high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) to platinum-based chemotherapy.	Routinely available in line with national guidance, SMC 2367 https://www.scottishmedicines.org.uk/media/6178/olaparib- lynparza-abbreviated-final-july-2021-for-website.pdf	17/05/2022

identifier	Condition being treated	NHS Grampian decision	Date of decision
1047/15	Monotherapy for the maintenance treatment of adult patients with platinum-sensitive relapsed BRCA-mutated (germline and/or somatic) high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete response or partial response) to platinum-based chemotherapy.	This medicine is now withdrawn from use/discontinued, ADVICE ARCHIVED, replaced by SMC 2367 - SMC abbreviated submission (for olaparib tablets). See FG advice published 30/05/2022 (FG meeting 17/05/2022).	17/05/2022
<u>2285</u>	Treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults. SMC restriction: patients with confirmed or suspected methicillin-resistant Staphylococcus aureus (MRSA) infection who are eligible for early discharge. Use should be on the advice of local microbiologists or specialists in infectious disease.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	17/05/2022
<u>2420</u>	In combination with platinum and fluoropyrimidine based chemotherapy, for the first-line treatment of patients with locally advanced unresectable or metastatic carcinoma of the oesophagus or HER-2 negative gastroesophageal junction adenocarcinoma in adults whose tumours express PD-L1 with a CPS≥10. SMC restriction: treatment with pembrolizumab is subject to a two-year clinical stopping rule.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	17/05/2022
	For the reduction in recurrence of episodes of overt hepatic encephalopathy (HE) in patients ≥ 18 years of age. Restriction: second-line in adults who present with recurrent encephalopathy despite being on lactulose/laxatives.	Routinely available in line with local guidance	17/05/2022
	<u>2285</u>	 adult patients with platinum-sensitive relapsed BRCA-mutated (germline and/or somatic) high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete response or partial response) to platinum-based chemotherapy. 2285 Treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults. SMC restriction: patients with confirmed or suspected methicillin-resistant Staphylococcus aureus (MRSA) infection who are eligible for early discharge. Use should be on the advice of local microbiologists or specialists in infectious disease. 2420 In combination with platinum and fluoropyrimidine based chemotherapy, for the first-line treatment of patients with locally advanced unresectable or metastatic carcinoma of the oesophagus or HER-2 negative gastroesophageal junction adenocarcinoma in adults whose tumours express PD-L1 with a CPS≥10. SMC restriction: treatment with pembrolizumab is subject to a two-year clinical stopping rule. For the reduction in recurrence of episodes of overt hepatic encephalopathy (HE) in patients ≥ 18 years of age. Restriction: second-line in adults who present with recurrent encephalopathy despite being on 	adult patients with platinum-sensitive relapsed BRCA-mutated (germline and/or somatic) high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete response or partial response) to platinum-based chemotherapy. ADVICE ARCHIVED, replaced by SMC 2367 - SMC abbreviated submission (for alaparib tablets). See FG advice published 30/05/2022 (FG meeting 17/05/2022). 2285 Treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults. SMC restriction: patients with confirmed or suspected methicillin-resistant Staphylococcus aureus (MRSA) infection who are eligible for early discharge. Use should be on the advice of local microbiologists or specialists in infectious disease. Not routinely available as the ADTC is waiting for further advice from local clinical experts 2420 In combination with platinum and fluoropyrimidine based chemotherapy, for the first-line treatment of patients with locally advanced unresectable or metastatic carcinoma of the oesophagus or HER-2 negative gastroesophageal junction adenocarcinoma in adults whose tumours express PD-11 with a CPS210. SMC restriction: treatment with pembrolizumab is subject to a two-year clinical stopping rule. Not routinely available in line with local guidance For the reduction in recurrence of episodes of overt hepatic encephalopathy (HE) in patients ≥ 18 years of age. Restriction: second-line in adults who present with recurrent encephalopathy despite being on Routinely available in line with local guidance

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Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
ropeginterferon alfa-2b 250micrograms/0.5 mL solution for injection in pre-filled pen (Besremi®)	<u>2421</u>	As monotherapy in adults for the treatment of polycythaemia vera without symptomatic splenomegaly.	Not routinely available as not recommended for use in NHS Scotland, SMC 2421 https://www.scottishmedicines.org.uk/media/6873/ropegint erferon-alfa-2b-besremi-final-april-2022-amended-040522- for-website.pdf	17/05/2022
tralokinumab 150mg solution for injection in pre-filled syringe (Adtralza®)	<u>2403</u>	For the treatment of moderate to severe atopic dermatitis in adults who are candidates for systemic therapy who have had an inadequate response to an existing systemic immunosuppressant such as ciclosporin, or in whom such treatment is considered unsuitable.	Routinely available in line with national guidance, SMC 2403 https://www.scottishmedicines.org.uk/media/6589/tralokin umab-adtralza-final-december-2021docx-for-website.pdf	17/05/2022
trastuzumab deruxtecan 100mg powder for concentrate for solution for infusion (Enhertu®)	<u>2388</u>	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.	Decision deferred to future meeting	17/05/2022
tucatinib 50mg, 150mg film-coated tablets (Tukysa®)	<u>2398</u>	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.	Decision deferred to future meeting	17/05/2022
venetoclax 10mg, 50mg, 100mg film- coated tablets (Venclyxto®)	<u>2427</u>	In combination with obinutuzumab for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia (CLL). SMC restriction : in patients without del (17p)/TP53 mutation who are fit to receive fludarabine, cyclophosphamide and rituximab (FCR) chemo-immunotherapy.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	17/05/2022