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.

Image courtesy of Baitong333 - image ID: 100128772/ FreeDigitalPhotos.net

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
abrocitinib 50mg, 100mg, 200mg film- coated tablets (Cibinqo®)	- <u>2431</u>	For the treatment of moderate-to-severe atopic dermatitis in adults and adolescents 12 years and older who have had an inadequate response to at least one conventional systemic immunosuppressant such as ciclosporin, or in whom such treatment is considered unsuitable.	Routinely available in line with national guidance, SMC 2431 https://www.scottishmedicines.org.uk/media/6931/abrocitin ib-cibinqo-final-may-2022-for-website.pdf	20/09/2022
apalutamide 60mg film-coated tablets (Erleada®)	<u>2472</u>	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	20/09/2022
Bijuve [®] 1mg/100mg capsules (estradiol/micronised progesterone)	<u>2502</u>	Continuous combined hormone replacement therapy (HRT) for estrogen deficiency symptoms in postmenopausal women with intact uterus and with at least 12 months since last menses. The experience in treating women older than 65 years is limited.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	20/09/2022
fedratinib 100mg hard capsules (Inrebic®)	<u>2462</u>	For the treatment of disease-related splenomegaly or symptoms in adults with primary myelofibrosis, post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis who are Janus Associated Kinase (JAK) inhibitor naïve or have been treated with ruxolitinib.	Routinely available in line with national guidance, SMC 2462 https://www.scottishmedicines.org.uk/media/6793/fedratini b-inrebic-abbreviated-final-march-2022-for-website.pdf	20/09/2022
filgotinib 100mg, 200mg film-coated tablets (Jyseleca®)	<u>2467</u>	For the treatment of adults 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.	Routinely available in line with national guidance, SMC 2467 https://www.scottishmedicines.org.uk/media/6862/filgotinib- jyseleca-abbreviated-final-april-2022-for-website.pdf	20/09/2022

Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
<u>2445</u>	For desensitisation treatment of highly sensitised adult kidney transplant patients with positive crossmatch against an available deceased donor. The use of imlifidase should be reserved for patients unlikely to be transplanted under the available kidney allocation system including prioritisation programmes for highly sensitised patients.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	20/09/2022
<u>2458</u>	In combination with fluoropyrimidine- and platinum-based combination chemotherapy for the first-line treatment of adult patients with HER2-negative advanced or metastatic gastric, gastro-oesophageal junction or oesophageal adenocarcinoma whose tumours express PD-L1 with a combined positive score (CPS) ≥5.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	20/09/2022
	For the treatment of: - Major Depressive Episode - Obsessive Compulsive Disorder - Panic Disorder with and without agoraphobia - Social Anxiety Disorders/Social phobia - Generalised Anxiety Disorder - Post-Traumatic Stress Disorder	This medicine is now withdrawn from use/discontinued	20/09/2022
<u>2473</u>	As treatment for symptom improvement in adult patients with moderate to severe spasticity due to multiple sclerosis (MS) who have not responded adequately to other anti-spasticity medication and who demonstrate clinically significant improvement in spasticity related symptoms during an initial trial of therapy.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	20/09/2022
	identifier 2445 2458	identifier2445For desensitisation treatment of highly sensitised adult kidney transplant patients with positive crossmatch against an available deceased donor. The use of imlifidase should be reserved for patients unlikely to be transplanted under the available kidney allocation system including prioritisation programmes for highly sensitised patients.2458In combination with fluoropyrimidine- and platinum-based combination chemotherapy for the first-line treatment of adult patients with HER2-negative advanced or metastatic gastric, gastro-oesophageal junction or oesophageal adenocarcinoma whose tumours express PD-L1 with a combined positive score (CPS) ≥5.For the treatment of: • Major Depressive Episode • Obsessive Compulsive Disorder • Panic Disorder with and without agoraphobia • Social Anxiety Disorder • Post-Traumatic Stress Disorder2473As treatment for symptom improvement in adult patients with moderate to severe spasticity due to multiple sclerosis (MS) who have not responded adequately to other anti-spasticity medication and who demonstrate clinically significant improvement in spasticity related symptoms	identifier Not routinely available as the ADTC is waiting for further advice from local clinical experts 2445 For desensitisation treatment of highly sensitised adult kidney transplant patients with positive crossmatch against an available deceased donor. The use of inlifidase should be reserved for patients unlikely to be transplanted under the available kidney allocation system including prioritisation programmes for highly sensitised patients. Not routinely available as the ADTC is waiting for further advice from local clinical experts 2458 In combination with fluoropyrimidine- and platinum-based combination chemotherapy for the first-line treatment of adult patients with HER2-negative advanced or metastatic gastric, gastro-oesophageal junction or oesophageal adenocarcinoma whose tumours express PD-L1 with a combined positive score (CPS) ≥5. Not routinely available as the ADTC is waiting for further advice from local clinical experts For the treatment of: • Major Depressive Episode • Obsessive Compulsive Disorder • Obsessive Compulsive Disorder • Post-Traumatic Stress Disorder • Post-Traumatic Stress Disorder • Post-Traumatic Stress Disorder • Dost-raumatic Stress Disorder • Not routinely available as the ADTC is waiting for further advice from local clinical experts 2473 As treatment for symptom improvement in adult patients with moderate to severe spasticity due to multiple sclerosis (MS) who have not responded adequately to other anti-spasticity medication and who demonstrate clinically significant improvement in spasticity related symptoms Not routinely available as the ADTC is wai

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
solriamfetol 75mg, 150mg film- coated tablets (Sunosi®)	<u>2439</u>	To improve wakefulness and reduce excessive daytime sleepiness in adult patients with narcolepsy (with or without cataplexy). SMC restriction : for use in patients who have failed modafinil or have a contraindication or intolerance to modafinil.	Not routinely available as local clinical experts do not wish to add the medicine to the formulary at this time	20/09/2022
tofacitinib 5mg film-coated tablets (Xeljanz®)	<u>2463</u>	For the treatment of adult patients with active ankylosing spondylitis (AS) who have responded inadequately to conventional therapy.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	20/09/2022
trifarotene 50microgram/g cream (Aklief®)	<u>2441</u>	For the cutaneous treatment of acne vulgaris of the face and/or the trunk in patients from 12 years of age and older, when many comedones, papules and pustules are present.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	20/09/2022
upadacitinib 15mg, 30mg prolonged- release tablets (Rinvoq®)	<u>2417</u>	For the treatment of moderate-to-severe atopic dermatitis in adults and adolescents 12 years and older who have had an inadequate response to at least one conventional systemic immunosuppressant such as ciclosporin, or in whom such treatment is considered unsuitable.	Routinely available in line with national guidance, SMC 2417 https://www.scottishmedicines.org.uk/media/6797/upadacit inib-rinvoq-final-march-2022-for-website.pdf	20/09/2022
velmanase alfa 10mg powder for solution for infusion (Lamzede [®])	<u>2466</u>	Treatment of enzyme replacement therapy for the treatment of non-neurological manifestations in patients with mild to moderate alpha-mannosidosis.	Not routinely available in NHS Grampian. If local need identified contact the Pharmacist Team Leader/Principal Pharmacist – Supply (ARI).	20/09/2022
venetoclax 10mg, 50mg, 100mg film- coated tablets (Venclyxto®)	<u>2427</u>	In combination with obinutuzumab for the treatment of adults with previously untreated chronic lymphocytic leukaemia (CLL) Restriction: in patients without del (17p)/TP53 mutation who are fit to receive fludarabine, cyclophosphamide and rituximab (FCR) chemo-immunotherapy.	Routinely available in line with national guidance, SMC 2427 https://www.scottishmedicines.org.uk/media/6859/venetocl ax-venclyxto-final-april-2022-for-website.pdf	20/09/2022

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
zanubrutinib 80mg hard capsules (Brukinsa®)	<u>2452</u>	As monotherapy for the treatment of adult patients with Waldenström's macroglobulinaemia (WM) who have received at least one prior therapy, or in first line treatment for patients unsuitable for chemo-immunotherapy.	Not routinely available as not recommended for use in NHS Scotland, SMC 2452 https://www.scottishmedicines.org.uk/media/7095/zanubru tinib-brukinsa-final-july-2022-amended-030822-for- website.pdf	20/09/2022