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?

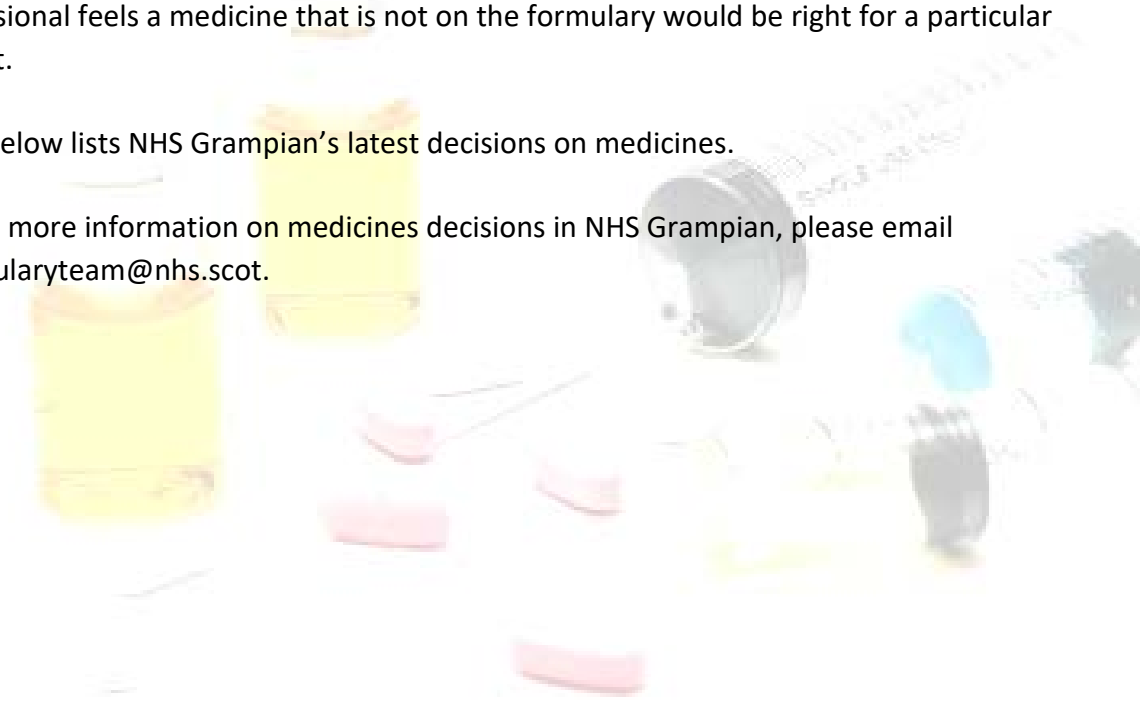
- This is usually because the medicine is not recommended for use in NHS Scotland by the SMC.
- The medicine may not be routinely available in a health board, particularly in smaller health boards, because there is not a suitable specialist who may use the medicine.
- There may also be differences as 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.



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
bulevirtide 2mg powder for solution for injection (Hepcludex®)	2520	For the treatment of chronic hepatitis delta virus (HDV) infection in plasma (or serum) HDV-RNA positive adults with compensated liver disease and evidence of significant fibrosis (METAVIR stage greater than or equal to F2), whose disease has responded inadequately to interferon-based therapy or who are ineligible to receive interferon-based therapy due to intolerance or contra-indication.	Routinely available in line with national guidance, SMC 2520 https://www.scottishmedicines.org.uk/media/7451/bulevirtide-hepcludex-final-feb-2023-for-website.pdf	20/06/2023
empagliflozin 10mg film-coated tablet (Jardiance®)	2523	In adults for the treatment of symptomatic chronic heart failure with preserved ejection fraction (left ventricular ejection fraction [LVEF] >40%).	Decision deferred to future meeting	20/06/2023
eptinezumab 100mg concentrate for solution for infusion (Vyepti®)	2547	For the prophylaxis of migraine in adults with: 1) chronic migraine (headaches on at least 15 days per month of which at least 8 days are with migraine) whose condition has failed to respond to ≥3 prior oral prophylactic treatments 2) high frequency episodic migraine (headaches on 10 - 14 days per month) whose condition has failed to respond to ≥3 prior oral prophylactic treatments	Routinely available in line with local guidance	20/06/2023
galcanezumab 120mg solution for injection in pre-filled pen (Emgality®)	2313	Prophylaxis of migraine in adults who have at least 4 migraine days per month. **Restriction:** for the treatment of patients with chronic and episodic migraine who have had prior failure on three or more migraine preventive treatments.	Not routinely available as there is a local preference for alternative medicines	20/06/2023

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
metreleptin 3mg, 5.8mg, 11.3mg powder for solution for injection (Myalepta®)	2559	As an adjunct to diet as a replacement therapy to treat the complications of leptin deficiency in lipodystrophy (LD) patients with: - confirmed congenital generalised LD (Berardinelli-Seip syndrome) or acquired generalised LD (Lawrence syndrome) in adults and children 2 years of age and above. - confirmed familial partial LD or acquired partial LD (Barraquer-Simons syndrome), in adults and children 12 years of age and above for whom standard treatments have failed to achieve adequate metabolic control.	Not routinely available in NHS Grampian. If local need identified contact the Pharmacist Team Leader/Principal Pharmacist – Supply (ARI).	20/06/2023
nirmatrelvir 150mg plus ritonavir 100mg film coated tablets (Paxlovid®)	2557	Treatment of COVID-19 in adults who do not require supplemental oxygen and who are at increased risk for progression to severe COVID-19. **Restriction**: patients with increased risk for progression to severe COVID-19, as defined in the independent advisory group report commissioned by the Department of Health.	Routinely available in line with national guidance, NICE TA878 https://www.nice.org.uk/guidance/ta878	20/06/2023
nivolumab 10mg/mL concentrate for solution for infusion (Opdivo®)	2519	In combination with fluoropyrimidine- and platinum-based combination chemotherapy for the first-line treatment of adult patients with unresectable advanced, recurrent or metastatic oesophageal squamous cell carcinoma (OSCC) with tumour cell programmed death ligand 1 (PD-L1) expression ≥1%.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	20/06/2023

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
pembrolizumab 25mg/mL concentrate for solution for infusion (Keytruda®)	2501	In combination with chemotherapy, with or without bevacizumab, for the treatment of persistent, recurrent, or metastatic cervical cancer in adults whose tumours express programmed death ligand 1 (PD-L1) with a combined positive score (CPS)≥1. **Restriction**: treatment with pembrolizumab is subject to a two-year clinical stopping rule.	Routinely available in line with national guidance, SMC 2501 https://www.scottishmedicines.org.uk/media/7487/pembrolizumab-keytruda-final-jan-2023-amended-170123-for-website.pdf	20/06/2023
pembrolizumab 25mg/mL concentrate for solution for infusion (Keytruda®)	2538	In combination with chemotherapy as neoadjuvant treatment, and then continued as monotherapy as adjuvant treatment after surgery, for the treatment of adults with locally advanced, or early stage triple-negative breast cancer (TNBC) at high risk of recurrence.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	20/06/2023
polatuzumab vedotin 30mg, 140mg powder for concentrate for solution with infusion (Polivy®)	2525	In combination with rituximab, cyclophosphamide, doxorubicin, and prednisone (R-CHP) for the treatment of adult patients with previously untreated diffuse large B-cell lymphoma (DLBCL). **SMC restriction**: patients with an International Prognostic Index (IPI) score of 2 to 5.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	20/06/2023
rimegepant 75mg oral lyophilisate (Vydura®)	2521	For the acute treatment of migraine with or without aura in adults who have had inadequate symptom relief after trials of at least two triptans or in whom triptans are contraindicated or not tolerated; and have inadequate pain relief with non-steroidal anti-inflammatory drugs (NSAIDs) and paracetamol. **Restriction:** for moderate to severe headache, and acute treatment should be limited to 10 days per month (on average 2 days per week).	Routinely available in line with local guidance	20/06/2023

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
sotrovimab 500mg concentrate for solution for infusion (Xevudy®)	2555	Treatment of symptomatic adults and adolescents (aged 12 years and over and weighing at least 40kg) with acute COVID-19 infection who do not require oxygen supplementation and who are at increased risk of progressing to severe COVID infection. **Restriction**: patients with increased risk for progression to severe COVID-19, as defined in the independent advisory group report commissioned by the Department of Health and nirmatrelvir and ritonavir is contraindicated or unsuitable.	Not routinely available as local clinical experts do not wish to add the medicine to the formulary at this time	20/06/2023
tixagevimab 150mg/mL plus cilgavimab 150mg/mL solution for injection (Evusheld®)	2580	Pre-exposure prophylaxis of COVID-19 in adults who are not currently infected with SARS-CoV-2 and who have not had a known recent exposure to an individual infected with SARS-CoV-2 and: - who are unlikely to mount an adequate immune response to COVID-19 vaccination or - for whom COVID-19 vaccination is not recommended	Not routinely available as not recommended for use in NHS Scotland, NICE TA900 https://www.nice.org.uk/guidance/TA900	20/06/2023
tocilizumab 20mg/mL concentrate for solution for infusion (RoActemra®)	2552	Treatment of COVID-19 in adults who are receiving systemic corticosteroids and require supplemental oxygen or mechanical ventilation.	Routinely available in line with national guidance, NICE TA878 https://www.nice.org.uk/guidance/ta878	20/06/2023

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
treosulfan 1g, 5g powder for solution for infusion (Trecondi®)	2527	In combination with fludarabine as part of conditioning treatment prior to allogeneic haematopoietic stem cell transplantation (alloHSCT) in adult patients with malignant and non-malignant diseases, and in paediatric patients older than one month with malignant diseases. **SMC restriction:** in patients with malignant disease for whom a reduced intensity conditioning regimen is required.	Routinely available from a specialist centre in another health board	20/06/2023
upadacitinib 15mg, 30mg, 45mg prolonged release tablets (Rinvoq®)	2575	For the treatment of adults with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to either conventional therapy or a biologic agent, or for whom such therapies are not advisable.	Routinely available in line with national guidance, SMC 2575 https://www.scottishmedicines.org.uk/media/7611/upadacitinib-rinvoq-abbreviated-final-may-2023-for-website.pdf	20/06/2023