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?

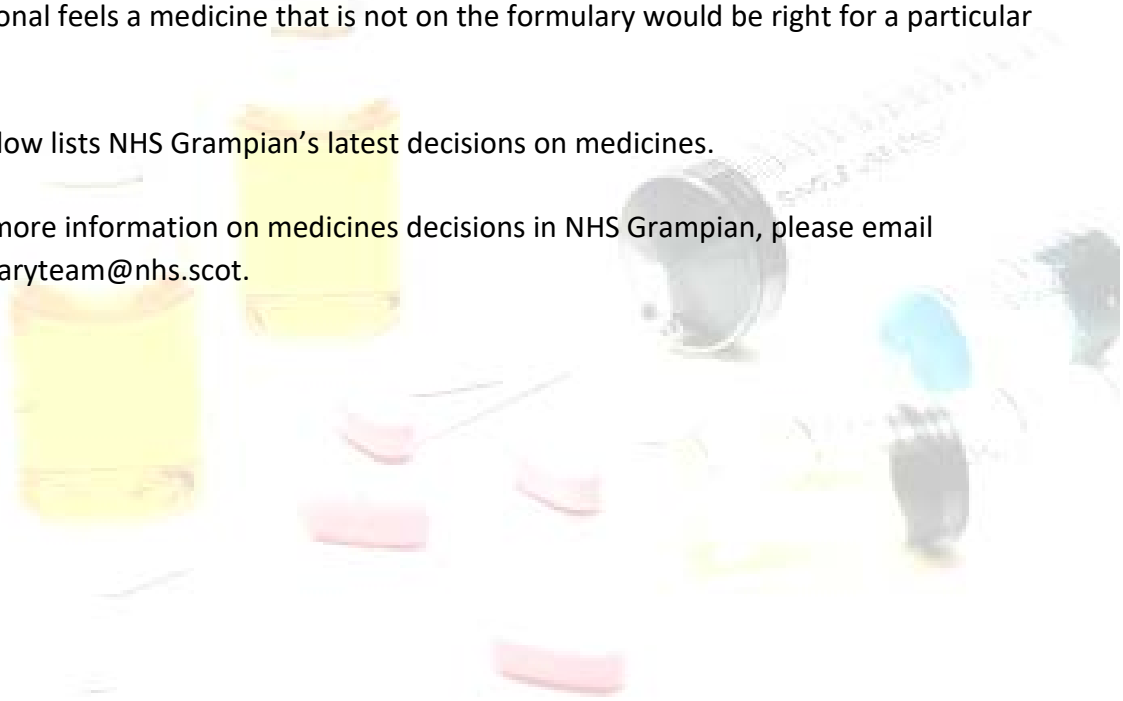
- This is usually because the medicine is not recommended for use in NHS Scotland by the SMC.
- The medicine may not be routinely available in a health board, particularly in smaller health boards, because there is not a suitable specialist who may use the medicine.
- There may also be differences as 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
axicabtagene ciloleucel 0.4 – 2 x 10^8 cells dispersion for infusion (Yescarta®)	2646	Treatment of adult patients with relapsed or refractory follicular lymphoma (FL) after three or more lines of systemic therapy.	Not routinely available as not recommended for use in NHS Scotland, SMC 2646 https://www.scottishmedicines.org.uk/media/8028/axicabtagene-ciloleucel-non-sub-final-dec-2023-for-website.pdf	16/01/2024
belantamab mafodotin 100mg powder for concentrate for solution for infusion (Blenrep®)	2597	As monotherapy for the treatment of multiple myeloma in adult patients, who have received at least four prior therapies and whose disease is refractory to at least one proteasome inhibitor, one immunomodulatory agent, and an anti-CD38 monoclonal antibody, and who have demonstrated disease progression on the last therapy.	Not routinely available as not recommended for use in NHS Scotland, SMC 2597 https://www.scottishmedicines.org.uk/media/8029/belantamab-blenrep-final-dec-2023-for-website.pdf	16/01/2024
buprenorphine 74.2mg implant (Sixmo®)	2372	For substitution treatment for opioid dependence in clinically stable adult patients who require no more than 8mg/day of sublingual buprenorphine, within a framework of medical, social and psychological treatment.	Not routinely available as there is a local preference for alternative medicines	16/01/2024
burosumab 10mg, 20mg, 30mg solution for injection (Crysvita®)	2588	For the treatment of X-linked hypophosphataemia in children and adolescents aged 1 to 17 years with radiographic evidence of bone disease.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	16/01/2024
dabrafenib 50mg, 75mg hard capsules (Tafinlar®) plus trametinib 0.5mg, 2mg film-coated tablets (Mekinist®)	107	[Off-label use] Treatment of adults with locally advanced or metastatic anaplastic thyroid cancer with BRAF V600E mutation and with no satisfactory locoregional treatment options.	Routinely available in line with national guidance, NCMAG 107 https://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/ncmag_programme/idoc.ashx?docid=c640228b-6e8c-4471-a905-f686ef1c251d&version=-1	16/01/2024

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
niraparib tosylate monohydrate 100mg hard capsules (Zejula®)		As monotherapy for the maintenance treatment of adults with: - advanced epithelial (FIGO Stages III or IV) high-grade ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy - platinum-sensitive relapsed high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) to platinum-based chemotherapy	This medicine is now withdrawn from use/discontinued	16/01/2024
niraparib tosylate monohydrate 100mg tablets (Zejula®)		In line with current formulary approval for niraparib 100mg capsules, as monotherapy for the maintenance treatment of adults with: - advanced epithelial (FIGO Stages III or IV) high-grade ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy - SMC 2338 (May 2021) - platinum-sensitive relapsed high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) to platinum-based chemotherapy and do not have a germline BRCA mutation - SMC 1341/18 (August 2018)	Routinely available in line with national guidance, SMC 1341/18 and SMC 2338	16/01/2024

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
pembrolizumab 25mg/mL concentrate for solution for infusion (Keytruda®)	2589	As monotherapy for adults with microsatellite instability high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer in the following settings: - treatment of unresectable or metastatic colorectal cancer after previous fluoropyrimidine-based combination therapy. As monotherapy for the treatment of the following MSI-H or dMMR tumours in adults with: - advanced or recurrent endometrial carcinoma, who have disease progression on or following prior treatment with a platinum-containing therapy in any setting and who are not candidates for curative surgery or radiation; - unresectable or metastatic gastric, small intestine, or biliary cancer, who have disease progression on or following at least one prior therapy.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	16/01/2024
pemigatinib 4.5mg, 9mg, 13.5mg tablets (Pemazyre®)	2399	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.	Routinely available in line with national guidance, SMC 2399 https://www.scottishmedicines.org.uk/media/6668/pemigatinib-pemazyre-final-jan-2022-for-website.pdf	16/01/2024
setmelanotide 10mg/mL solution for injection (Imcivree®)	2647	Treatment of obesity and the control of hunger associated with genetically confirmed Bardet Biedl syndrome (BBS) in adults and children 6 years of age and above.	Not routinely available as not recommended for use in NHS Scotland, SMC 2647 https://www.scottishmedicines.org.uk/media/8027/setmelanotide-imcivree-non-sub-final-dec-2023-for-website.pdf	16/01/2024

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
trastuzumab deruxtecan 100mg powder for concentrate for solution for infusion (Enhertu®)	2608	As monotherapy for the treatment of adults with unresectable or metastatic HER2-low breast cancer who have received prior chemotherapy in the metastatic setting or developed disease recurrence during or within 6 months of completing adjuvant chemotherapy.	Routinely available in line with national guidance, SMC 2608 https://www.scottishmedicines.org.uk/media/7996/trastuzumab-deruxtecan-enhertu-final-nov-2023-amended-011223-for-website.pdf	16/01/2024