

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
acarbose 50mg, 100mg tablets		For the treatment of type 2 diabetes (non-insulin dependent) in patients inadequately controlled on diet alone, or on diet and (i) metformin and / or (ii) a sulphonylurea.	Not routinely available as there is a local preference for alternative medicines	18/06/2024
clostridium botulinum neurotoxin type A 50units, 100units, 200units (Xeomin®)	2680	Focal spasticity of the lower limb affecting the ankle joint.	Not routinely available as not recommended for use in NHS Scotland, SMC 2680 https://www.scottishmedicines.org.uk/media/8380/clostridium-botulinum-neurotoxin-type-a-xeomin-non-sub-final-may-2024-for-website.pdf	18/06/2024
dulaglutide 0.75mg and 1.5mg solution for injection in pre-filled pen (Trulicity®)	1110/15	For the treatment of patients 10 years and above with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise: - as monotherapy when metformin is considered inappropriate due to intolerance or contraindications - in addition to other medicinal products for the treatment of diabetes	Not routinely available as there is a local preference for alternative medicines	18/06/2024
Duodopa® 20mg/mL / 5mg/mL intestinal gel (levodopa/carbidopa monohydrate)		Treatment of advanced levodopa-responsive Parkinson's disease with severe motor fluctuations and hyperkinesia or dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results. Restriction: for use in patients that cannot have apomorphine or deep brain stimulation, or these treatments no longer control symptoms.	Routinely available in line with local guidance	18/06/2024
dupilumab 300mg solution for injection in pre-filled pen and syringe (Dupixent®)	2682	Treatment of eosinophilic esophagitis in adults and adolescents 12 years and older, weighing at least 40kg, who are inadequately controlled by, are intolerant to, or who are not candidates for conventional medicinal therapy.	Not routinely available as not recommended for use in NHS Scotland, SMC 2682 https://www.scottishmedicines.org.uk/media/8382/dupilumab-dupixent-non-sub-final-may-2024-for-website.pdf	18/06/2024

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
epcoritamab 4mg/0.8mL concentrate for solution for injection, 48mg solution for injection (Tepkinly®)	2632	As monotherapy for the treatment of adult patients with relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL) after two or more lines of systemic therapy.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	18/06/2024
ertugliflozin 5mg, 15mg film-coated tablet (Steglatro®)	2101	For the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise: - as monotherapy when metformin is considered inappropriate due to intolerance or contraindications - in addition to other medicinal products for the treatment of diabetes	Not routinely available as there is a local preference for alternative medicines	18/06/2024
etrasimod 2mg film-coated tablets (Velsipity®)	2655	For the treatment of patients 16 years of age and older with moderately to severely active ulcerative colitis (UC) who have had an inadequate response, lost response, or were intolerant to either conventional therapy, or a biological agent.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	18/06/2024
exenatide 2mg powder and solvent for prolonged-release suspension for injection (Bydureon®)	748/11	In adults, adolescents and children aged 10-years and above with type 2 diabetes mellitus to improve glycaemic control in combination with other glucose-lowering medicinal products including basal insulin, when the therapy in use, together with diet and exercise, does not provide adequate glycaemic control.	Not routinely available as there is a local preference for alternative medicines	18/06/2024
glofitamab 2.5mg, 10mg concentrate for solution for infusion (Columvi®)	2614	As monotherapy for the treatment of adult patients with relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL), after two or more lines of systemic therapy.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	18/06/2024

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GoResp® Digihaler® 160micrograms/4.5micrograms, 320micrograms/9micrograms budesonide / formoterol fumarate dihydrate		For the treatment of adults 18 years of age and older only. Asthma - In the regular treatment of asthma, where use of a combination (inhaled corticosteroid and long-acting β 2 adrenoceptor agonist) is appropriate: - in patients not adequately controlled with inhaled corticosteroids and “as needed” inhaled short-acting β 2 adrenoceptor agonists, OR - in patients already adequately controlled on both inhaled corticosteroids and long-acting β 2 adrenoceptor agonists. COPD - Symptomatic treatment of patients with COPD with forced expiratory volume in 1 second (FEV1) < 70% predicted normal (post bronchodilator) and a history of repeated exacerbations, who have significant symptoms despite regular therapy with long-acting bronchodilators.	This medicine is now withdrawn from use/discontinued	18/06/2024
Inaqovi® 35mg/100mg film coated tablets (decitabine/cedazuridine)	2681	As monotherapy for the treatment of adult patients with newly diagnosed acute myeloid leukaemia (AML) who are ineligible for standard induction chemotherapy.	Not routinely available as not recommended for use in NHS Scotland, SMC 2681 https://www.scottishmedicines.org.uk/media/8381/decitabine-cedazuridine-inaqovi-non-sub-final-may-2024-for-website.pdf	18/06/2024

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
liraglutide 6mg/mL solution for injection in pre-filled pen (Saxenda®)	2455	<p>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) $\geq 35\text{kg/m}^2$* (obesity class II and above) with:</p> <ul style="list-style-type: none"> - non-diabetic hyperglycaemia (prediabetes) at high risk of type 2 diabetes which is defined as having either: <ul style="list-style-type: none"> - 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): <ul style="list-style-type: none"> - total cholesterol $>5\text{mmol/L}$, or - high-density lipoprotein (HDL) $<1.0\text{mmol/L}$ for men and $<1.3\text{mmol/L}$ for women, or - systolic blood pressure (SBP) $>140\text{mmHg}$ <p>Patients should be treated in a specialist weight management service.</p> <p>*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.</p>	Not routinely available as local implementation plans are being developed	18/06/2024
liraglutide 6mg/mL solution for injection in pre-filled pen (Victoza®)		<p>In addition to other oral anti-diabetic medicines, for adults with type 2 diabetes mellitus where glycaemia is insufficiently controlled, as an adjunct to a reduced-calorie diet and increased physical activity and who have a BMI $>30\text{kg/m}^2$ (adjust for ethnicity).</p> <p>Restriction: as a fourth-line choice. Consider if triple therapy with metformin and two other drugs not effective/not tolerated/contraindicated.</p>	Routinely available in line with local guidance	18/06/2024

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momelotinib 100mg, 150mg, 200mg film coated tablet (Omjjara®)	2636	Treatment of disease-related splenomegaly or symptoms in adult patients with moderate to severe anaemia who have primary myelofibrosis, post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis and who are Janus Associated Kinase (JAK) inhibitor naïve or have been treated with ruxolitinib.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	18/06/2024
pembrolizumab 25mg/mL concentrate for solution for infusion (Keytruda®)	2683	In combination with gemcitabine and cisplatin for the first-line treatment of locally advanced unresectable or metastatic biliary tract carcinoma in adults.	Not routinely available as not recommended for use in NHS Scotland, SMC 2683 https://www.scottishmedicines.org.uk/media/8385/pembrolizumab-keytruda-non-sub-final-may-2024-for-website.pdf	18/06/2024
Produodopa® 240mg/mL / 12mg/mL solution for infusion (foslevodopa/foscarbidopa)		Treatment of advanced levodopa-responsive Parkinson's disease with severe motor fluctuations and hyperkinesia or dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results. Restriction: for use in patients that cannot have apomorphine or deep brain stimulation, or these treatments no longer control symptoms.	Routinely available in line with local guidance	18/06/2024
repaglinide 0.5mg, 1mg, 2mg tablets		Adults with type 2 diabetes mellitus whose hyperglycaemia can no longer be controlled satisfactorily by diet, weight reduction and exercise. Repaglinide is also indicated in combination with metformin in adults with type 2 diabetes mellitus who are not satisfactorily controlled on metformin alone.	Not routinely available as there is a local preference for alternative medicines	18/06/2024

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
selpercatinib 40mg, 80mg hard capsules (Retsevmo®)	2573	Monotherapy for the treatment of treatment-naïve adults with advanced rearranged during transfection (RET) fusion-positive non-small cell lung cancer (NSCLC) who have not previously received a RET-inhibitor or any other systemic treatments for their advanced stage of disease.	Routinely available in line with national guidance, on an interim basis subject to ongoing evaluation and future reassessment, SMC 2573 https://www.scottishmedicines.org.uk/media/7936/selpercatinib-hard-capsules-retsevmo-final-oct-2023-for-website.pdf	18/06/2024
semaglutide 0.25mg, 0.5mg, 1mg solution for injection in pre-filled pen (Ozempic®)	2092	In addition to other oral anti-diabetic medicines, for adults with type 2 diabetes mellitus, where glycaemia is insufficiently controlled, as an adjunct to a reduced-calorie diet and increased physical activity and who have a BMI >30kg/m ² (adjust for ethnicity). Restriction: as a fourth-line choice. Consider if triple therapy with metformin and two other drugs not effective/not tolerated/contraindicated.	Routinely available in line with local guidance	18/06/2024
semaglutide 3mg, 7mg, 14mg tablets (Rybelsus®)	2287	In addition to other oral anti-diabetic medicines, for adults with type 2 diabetes mellitus, where glycaemia is insufficiently controlled, as an adjunct to a reduced-calorie diet and increased physical activity and who have a BMI >30kg/m ² (adjust for ethnicity). Restriction: as a fourth-line choice, generally after a trial of an injectable GLP-1 RA. Consider if triple therapy with metformin and two other drugs not effective/not tolerated/contraindicated.	Routinely available in line with local guidance	18/06/2024

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
semaglutide, 0.25mg, 0.5mg, 1mg, 1.7mg, 2.4mg FlexTouch solution for injection in pre-filled pen (Wegovy®)	2497	<p>As an adjunct to a reduced-calorie diet and increased physical activity for weight management, including weight loss and weight maintenance, in adults with an initial Body Mass Index (BMI) of $\geq 30\text{kg/m}^2$* in the presence of at least one weight-related comorbidity. Patients should be treated in a specialist weight management service.</p> <p>*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.</p>	Not routinely available as local implementation plans are being developed	18/06/2024
tirzepatide 2.5mg, 5mg, 7.5mg, 10mg, 12,5mg, 15mg solution for injection in pre-filled pen (Mounjaro®)	2633	<p>In addition to other oral anti-diabetic medicines, for adults with type 2 diabetes mellitus, where glycaemia is insufficiently controlled, as an adjunct to a reduced-calorie diet and increased physical activity and who have a BMI $>30\text{kg/m}^2$ (adjust for ethnicity):</p> <ul style="list-style-type: none"> - generally after a trial of GLP-1 RA - or as an alternative to GLP-1 RAs in the following instances: <ul style="list-style-type: none"> ▪ where there are supply issue with existing GLP-1 RAs ▪ high-risk individuals in where greater weight loss will have a positive benefit on obesity related complications e.g. young onset, Obstructive Sleep Apnoea etc. 	Routinely available in line with local guidance	18/06/2024

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tirzepatide 2.5mg, 5mg, 7.5mg, 10mg, 12,5mg, 15mg solution for injection in pre-filled pen (Mounjaro®)	2653	<p>For weight management, including weight loss and weight maintenance, as an adjunct to a reduced-calorie diet and increased physical activity in adults with an initial Body Mass Index (BMI) of $\geq 30\text{kg/m}^2$ (obesity) or $\geq 27\text{kg/m}^2$ to $< 30\text{kg/m}^2$ (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, prediabetes, or type 2 diabetes mellitus).</p> <p>SMC restriction: for use in adults with BMI $\geq 30\text{kg/m}^2$* and at least one weight-related comorbidity.</p> <p>*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.</p>	Not routinely available as local implementation plans are being developed	18/06/2024
voxelotor 500mg film-coated tablets (Oxbryta®)	2626	<p>Treatment of haemolytic anaemia due to sickle cell disease (SCD) in adults and paediatric patients 12 years of age and older as monotherapy or in combination with hydroxycarbamide.</p> <p>SMC restriction: as a second line treatment for haemolytic anaemia in patients with SCD who are intolerant, ineligible or have an inadequate response to, hydroxycarbamide.</p>	Not routinely available as the ADTC is waiting for further advice from local clinical experts	18/06/2024
Xultophy® 100units/mL / 3.6mg/mL solution for injection (insulin degludec/liraglutide)	1088/15	For the treatment of adults with insufficiently controlled type 2 diabetes mellitus to improve glycaemic control as an adjunct to diet and exercise in addition to other oral medicinal products for the treatment of diabetes.	Not routinely available as there is a local preference for alternative medicines	18/06/2024