

NHS Greater Glasgow and Clyde: New Medicines Decisions

In Scotland, a newly licensed medicine is routinely available in a health board only after it has been:

- accepted for use in NHSScotland 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 NHS Greater Glasgow and Clyde (NHSGG&C) 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 Greater Glasgow and Clyde ADTC is responsible for advising the NHSGG&C health board on all aspects of the use of medicines.

Medicines routinely available within NHSGG&C are usually included in the GGC Formulary. The Formulary is a list of medicines for use in the health board that has been agreed by ADTC in consultation with local clinical experts. It offers a choice of medicines for healthcare professionals to prescribe for common medical conditions. The GGC 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 NHSGG&C decide which new medicines to make routinely available for patients?

The ADTC in NHSGG&C 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 NHSGG&C.

Why is a particular medicine not routinely available in NHSGG&C?

- This is usually because the medicine is not recommended for use in NHSScotland 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 in 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 NHSGG&C?

- If a medicine is not routinely available and included in the GGC 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. NHSGG&C and 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 Greater Glasgow and Clyde's decisions on new medicines.

If you need more information on medicines decisions in NHS Greater Glasgow and Clyde, please email ggc.medicines@ggc.scot.nhs.uk

Medicine	Condition being treated	NHSGGC Decision	Date of decision
Botulinum toxin A injection Botox® 692/11 http://www.scottishmedicines.org.uk/SMC_Advice/Advice/692_11_botulinum_toxin_type_a_BOTOX/botulinum_toxin_A_Botox_2nd_Resub	Prophylaxis of headaches in adults with chronic migraine (headaches on at least 15 days per month of which at least 8 days are with migraine).	Routinely available in line with local or regional guidance	20/02/2017
Buprenorphine transdermal patch Butec® 1213/17 http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1213_17_buprenorphine_transdermal_patch_Butec/buprenorphine_transdermal_patch	In adults, for the treatment of chronic non-malignant pain of moderate intensity when an opioid is necessary for obtaining adequate analgesia.	Routinely available in line with local or regional guidance	20/02/2017
Carfilzomib infusion Kyprolis® 1171/16 http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1171_16_carfilzomib_Kyprolis/carfilzomib_Kyprolis_Resub	In combination with lenalidomide and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least one prior therapy.	Not routinely available as not recommended for use in NHSScotland	20/02/2017
Dalbavancin infusion Xydalba® 1105/15 http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1105_15_dalbavancin_Xydalba/dalbavancin_Xydalba	Treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults.	Routinely available in line with local or regional guidance	20/02/2017

Medicine	Condition being treated	NHSGGC Decision	Date of decision
Daratumumab infusion Darzalex® 1205/17	Monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma, whose prior therapy included a proteasome inhibitor and an immunomodulatory agent and who have demonstrated disease progression on the last therapy. http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1205_17_daratumumab_Darzalex/daratumumab_Darzalex	Not routinely available as not recommended for use in NHSScotland	20/02/2017
Deferasirox dispersible tablets Exjade® 347/07	Treatment of chronic iron overload due to blood transfusions when deferoxamine therapy is contraindicated or inadequate, in adult and paediatric patients aged 2 years and older with rare acquired or inherited anaemias. http://www.scottishmedicines.org.uk/SMC_Advice/Advice/347_07_deferasirox_Exjade/deferasirox_Exjade_Resub	Routinely available in line with local or regional guidance	20/02/2017
Desmopressin oral lyophilisate Noqdirna® 1218/17	Symptomatic treatment of nocturia due to idiopathic nocturnal polyuria in adults. http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1218_17_desmopressin_Noqdirna/desmopressin_Noqdirna	Not routinely available as not recommended for use in NHSScotland	20/02/2017
Elbasivir and grazoprevir tablets Zepatier® 1203/17	Treatment of chronic hepatitis C (CHC) in adults. (The efficacy of elbasvir-grazoprevir has not been demonstrated in genotypes 2, 3, 5 and 6. Elbasvir-grazoprevir is not recommended in patients infected with these genotypes). http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1203_17_elbasvir-grazoprevir_Zepatier/elbasvir-grazoprevir_Zepatier	Routinely available in line with national guidance	20/02/2017

Medicine	Condition being treated	NHSGGC Decision	Date of decision
Eltrombopag tablets Revolade® 1206/17	Chronic immune (idiopathic) thrombocytopenic purpura (ITP) patients aged 1 year to 17 years who are refractory to other treatments (e.g. corticosteroids, immunoglobulins).	Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by: 24/04/2017	20/02/2017
Everolimus tablets Afinitor® 1215/17	Treatment of unresectable or metastatic, well-differentiated (Grade 1 or Grade 2) non-functional neuroendocrine tumours of gastrointestinal or lung origin in adults with progressive disease.	Routinely available in line with local or regional guidance	20/02/2017
Evolocumab injection Repatha® 1148/16	In adults with primary hypercholesterolaemia (heterozygous familial hypercholesterolaemia and non-familial) or mixed dyslipidaemia, as an adjunct to diet: [1] in combination with a statin or statin with other lipid lowering therapies in patients unable to reach low density lipoprotein-cholesterol (LDL-C) goals with the maximum tolerated dose of a statin or, [2] alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated.	Routinely available in line with local or regional guidance	20/02/2017
Iron III isomaltoside 1000 injection Diafer® 1177/16	Treatment of iron deficiency in adults with chronic kidney disease (CKD) on dialysis, when oral iron preparations are ineffective or cannot be used.	Routinely available in line with national guidance	20/02/2017
	http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1215_17_everolimus_Afinitor/everolimus_Afinitor_NETs		
	http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1148_16evolocumab_Repatha/evolocumab_Repatha_Resub		
	http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1177_16_iron_isomaltoside_1000_Diafer/iron_III_isomaltoside_1000_Diafer_Resub		

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Oestrogens, conjugated, bazedoxifene acetate modified-release tablets Duavive® 1220/17 http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1220_17_oestrogens_conjugated_Duavive/oestrogens_conjugated_Duavive_Non_Sub	Treatment of oestrogen deficiency symptoms in postmenopausal women with a uterus (with at least 12 months since the last menses) for whom treatment with progestin-containing therapy is not appropriate.	Not routinely available as not recommended for use in NHSScotland	20/02/2017
Osimertinib tablets Tagrisso® 1214/17 http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1214_17_osimertinib_Tagrisso/osimertinib_Tagrisso	Treatment of adult patients with locally advanced or metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive non-small-cell lung cancer (NSCLC).	Routinely available in line with local or regional guidance	20/02/2017
Pembrolizumab infusion Keytruda® 1204/17 http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1204_17_pembrolizumab_Keytruda/pembrolizumab_Keytruda	Treatment of locally advanced or metastatic non-small cell lung carcinoma (NSCLC) in adults whose tumours express programmed death ligand 1 (PD-L1) and who have received at least one prior chemotherapy regimen.	Routinely available in line with local or regional guidance	20/02/2017
Pitolisant tablets Wakix® 1229/17 http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1229_17_pitolisant_Wakix/pitolisant_Wakix	Treatment of narcolepsy with or without cataplexy in adults	Not routinely available as not recommended for use in NHSScotland	20/02/2017

Medicine	Condition being treated	NHSGGC Decision	Date of decision
Trifluridine/tipiracil hydrochloride tablets Lonsurf® 1221/17	Treatment of adult patients with metastatic colorectal cancer (CRC) who have been previously treated with, or are not considered candidates for, available therapies including fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapies, anti vascular endothelial growth factor agents, and anti-epidermal growth factor receptor agents. http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1221_17_trifluridine_tipiracil_as_hydrochloride_Lonsurf/trifluridine_tipiracil_as_hydrochloride	Routinely available in line with local or regional guidance	20/02/2017
Vernakalant infusion Brinavess® 1222/17	Rapid conversion of recent onset atrial fibrillation to sinus rhythm in adults - For non-surgery patients: atrial fibrillation ≤ 7 days duration - For post-cardiac surgery patients: atrial fibrillation ≤ 3 days duration http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1222_17_vernakalant_Brinavess/vernakalant_Brinavess	Not routinely available as not recommended for use in NHSScotland	20/02/2017