

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
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Anakinra injection in pre-filled syringe Kineret® SMC2104	In adults, adolescents, children and infants aged eight months and older with a body weight of 10kg or above for the treatment of Still's disease, including Systemic Juvenile Idiopathic Arthritis (SJIA) and Adult-Onset Still's Disease (AOSD), with active systemic features of moderate to high disease activity, or in patients with continued disease activity after treatment with non-steroidal anti-inflammatory drugs (NSAIDs) or glucocorticoids. Anakinra can be given as monotherapy or in combination with other anti-inflammatory drugs and disease-modifying anti-rheumatic drugs (DMARDs).	Routinely available in line with national guidance	08/10/2018
Bictegravir, Emtricitabine, Tenofovir tablets Biktarvy® SMC2093	Treatment of adults infected with human immunodeficiency virus 1 (HIV-1) without present or past evidence of viral resistance to the integrase inhibitor class, emtricitabine or tenofovir.	Routinely available in line with national guidance	08/10/2018
Cabozantinib tablets Cabometyx® SMC2095	Advanced renal cell carcinoma (RCC) in treatment-naïve adults with intermediate or poor risk.	Not routinely available as not recommended for use in NHSScotland	08/10/2018
Cenegermin eye drops Oxervate® SMC2124	Treatment of moderate (persistent epithelial defect) or severe (corneal ulcer) neurotrophic keratitis in adults.	Not routinely available as not recommended for use in NHSScotland	08/10/2018

Medicine	Condition being treated	NHSGGC Decision	Date of decision
Denosumab injection in pre-filled syringe Prolia® SMC2017	Treatment of bone loss associated with long-term systemic glucocorticoid therapy in adult patients at increased risk of fracture.	Not routinely available as not recommended for use in NHSScotland	08/10/2018
Dolutegravir with Rilpivirine tablets Juluca® SMC2091	The treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults who are virologically-suppressed (HIV-1 RNA <50 copies/mL) on a stable antiretroviral regimen for at least six months with no history of virological failure and no known or suspected resistance to any non-nucleoside reverse transcriptase inhibitor (NNRTI) or integrase inhibitor	Routinely available in line with national guidance	08/10/2018
Dupilumab subcutaneous injection Dupixent® SMC2011	The treatment of moderate-to-severe atopic dermatitis in adult patients who are candidates for systemic therapy.	Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by: 31/12/2018	08/10/2018
Gemtuzumab ozogamicin infusion Mylotarg® SMC2089	Combination therapy with daunorubicin and cytarabine for the treatment of patients age 15 years and above with previously untreated, de novo CD33 positive acute myeloid leukaemia (AML), except acute promyelocytic leukaemia (APL).	Routinely available in line with local or regional guidance	08/10/2018

Medicine	Condition being treated	NHSGGC Decision	Date of decision
Ixekizumab injection in pre-filled syringe Taltz® SMC2097	Alone or in combination with methotrexate, is indicated for the treatment of active psoriatic arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drug (DMARD) therapies.	Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by: 31/12/2018	08/10/2018
Lenalidomide hard capsules Revlimid® SMC2125	Monotherapy for the maintenance treatment of adult patients with newly diagnosed multiple myeloma who have undergone autologous stem cell transplantation.	Not routinely available as not recommended for use in NHSScotland	08/10/2018
Obinutuzumab infusion Gazyvaro® SMC2015	In combination with chemotherapy, followed by obinutuzumab maintenance therapy in patients achieving a response, for the treatment of patients with previously untreated advanced follicular lymphoma.	Not routinely available as not recommended for use in NHSScotland	08/10/2018
Pembrolizumab infusion Keytruda® 1339/18	As monotherapy, for the treatment of locally advanced or metastatic urothelial carcinoma in adults who are not eligible for cisplatin-containing chemotherapy and whose tumours express PD-L1 with a combined positive score (CPS)≥10.	Not routinely available as not recommended for use in NHSScotland	08/10/2018

Medicine	Condition being treated	NHSGGC Decision	Date of decision
Sirolimus tablets, solution Rapamune® SMC2126	Treatment of patients with sporadic lymphangioleiomyomatosis with moderate lung disease or declining lung function	Not routinely available as not recommended for use in NHSScotland	08/10/2018
Tocilizumab subcutaneous injection RoActemra® SMC2014	The treatment of Giant Cell Arteritis (GCA) in adult patients	Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by: 31/10/2018	08/10/2018