

ADTC (M) 25/06
Minutes 69 - 81

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Area Drugs and Therapeutics Committee
held on Monday 08th December 2025 at 2.00pm
via Microsoft Teams**

PRESENT

Dr Scott Muir (in the Chair)

Ronnie Burns	Gerard McKay
Ewan Gray	Mari-Anne McLean
Roger Hardman	Elaine Paton
Colin Mason	Faria Qureshi
Ishtiaq Mohammed	Fiona Thomson
Kay McAllister	

IN ATTENDANCE

Ross Jack	Secretariat (Minutes)
Alyson Samwells	Observer
Lee Stewart	Deputising for Fiona Robb

			ACTION BY
69.	CHAIR'S STATEMENT		
	<p>The Chair reminded members that papers and proceedings related to SMC advice were, in some cases, confidential, and should not be disclosed before the relevant embargo dates.</p> <p>Members were reminded to make relevant declarations of interest in line with Board policy.</p> <p>Members were advised not to speak with members of the press on ADTC business but to refer such enquiries to the Board Press Liaison Office.</p> <p><u>NOTED</u></p>		
70.	WELCOME AND APOLOGIES		

OFFICIAL SENSITIVE

			ACTION BY
	<p>The Chair welcomed those present to the December 2025 meeting of the Area Drugs and Therapeutics Committee.</p> <p>Apologies for absence were noted on behalf of:</p> <ul style="list-style-type: none"> • Maureen Byrne • Samantha Carmichael • Jane Hall • Fiona Robb <p>The committee were advised that the meeting would be recorded for the purposes of minute taking then removed from the Teams portal and deleted.</p> <p>The committee were content with this.</p> <p><u>NOTED</u></p>		
71.	MINUTES OF PREVIOUS MEETING		
a)	<p>The Committee considered the minutes of the meeting held on 09 October 2025 [ADTC(M)25/05] and were content to accept these as an accurate record on the condition there was an amendment to minute 63c.</p> <p><u>APPROVED</u></p>		Secretariat
b)	<p>Decisions Summary: 09 October 2025</p> <p>The Committee were content to note the Decision Summary from 09 October 2025.</p> <p><u>NOTED</u></p>		
72.	MATTERS ARISING		
	<p>There were no matters arising.</p> <p><u>NOTED</u></p>		
73.	NEW MEDICINES FOR CONSIDERATION		
(i)	Report on SMC Product Assessments		
	<p>Members were asked to declare any interests specific or non-specific, personal or non-personal, on any of the drugs being discussed on an individual basis.</p>		

OFFICIAL SENSITIVE

		ACTION BY
	<p>Ms Kay McAllister declared a personal non-specific interest in relation to progesterone (Prometrium®).</p> <p>Dr Gerard McKay declared a personal non-specific interest in relation to eplontersen, semaglutide, and tirzepatide.</p> <p>Based on expert feedback, Mr Ishtiaq Mohammed recommended that mercaptamine modified release capsules (Procysbi®) was added to the formulary as a second line option to the immediate release capsules (Cystagon®).</p> <p>The Committee were content with the recommendation.</p> <p>Mr Mohammed asked Ms Elaine Paton if there were any updates on developing local treatment pathways for the deferred weight loss drugs (semaglutide, tirzepatide), she advised conversations were ongoing with medical directors and a bid for OPIP (Obesity Prevention Improvement Programme) funding had been submitted but that there were no further updates.</p> <p>The Committee were content to note the updates.</p> <p><u>NOTED</u></p>	
74.	ADTC SUMCOMMITTEE SIX MONTHLY REPORTS	
a)	Patient Group Directive	
	<p>Ms Elaine Paton presented the paper 'Patient Group Directive Six Monthly Report' [Paper 25/46].</p> <p>Ms Paton advised that there had been no updates regarding vaccinations, but she anticipated a change in the New Year with the addition of the childhood programme. She also advised that Ms Caroline Tunnock had recently joined the Subcommittee as new non-medical prescribing lead. Ms Paton referred to additional papers included in her report noting the process for supporting services during drug shortages, and a memorandum of understanding with NHS Highland in relation to the approval and use of PGDs in Argyle and Bute HSCP that was due for review. She asked if the committee were happy to approve the content of the memorandum. The Chair advised he was happy to sign the document on behalf of the group.</p> <p>The Committee were content to note the update.</p>	

			ACTION BY
	<u>NOTED</u>		
	b) Prescribing Interface Subcommittee		
	<p>Dr Roger Hardman presented the paper 'Prescribing Interface subcommittee Six Monthly Report' [Paper 25/47].</p> <p>Dr Hardman advised on the recent updates to shared care agreements. He also advised on the retirement of the 'adenovir for Hepatitis B adults shared care agreement' as it was no longer used in the management of the conditions.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		
75.	ADTC SUBCOMMITTEE UPDATES		
	a) Medicines Utilisation Subcommittee		
	<p>No members were present to provide an update.</p> <p><u>NOTED</u></p>		
	b) Non-Medicines Utilisation Update		
	<p>Ms Mari-Anne McLean provided a verbal update.</p> <p>Ms McLean queried the length of time breached guidelines remain on the workplan. The Chair agreed this item could be removed from the agenda given that it had now been escalated.</p> <p>Dr Ronnie Burns raised concerns regarding unclear pathways for getting guidelines on to the Clinical Guideline Platform, the Chair advised that Dr Kirsty Proctor had provided input on these sorts of matters in the past.</p> <p>Ms Faria Qureshi advised that a toolkit was available on the Clinical Guideline Platform, including checklists to support guideline development and updates. A generic contact inbox was also available for queries where processes was unclear; this was overseen by Lorna Fairlie's team, who provide governance and administrative oversight of the Platform. It was noted that communication and awareness of this resource could be improved.</p> <p>The Committee were content to note the update.</p>		

			ACTION BY
	<u>NOTED</u>		
	c) Communications Subcommittee No members were present to provide an update. <u>NOTED</u>		
	d) Antimicrobial Subcommittee Mr Lee Stewart provided a verbal update. Mr Stewart advised that the recording of indications on HEPMA had been launched and then pulled due to negative feedback, with the relaunch now intended to be implemented in stages, starting in January 2026. He noted that communications would be sent out prior to this. The Committee were content to note the update. <u>NOTED</u>		
	e) Safer Use of Medicines Subcommittee Dr Gerard McKay provided a verbal update. Dr McKay noted an increase in agenda items coming to the Safer Use of Medicines Subcommittee, suggesting they may meet more regularly in the next year or look to streamline current meetings. The Committee were content to note the update. <u>NOTED</u>		
76.	WoS REGIONAL FORMULARY		
	Mr Ishtiaq Mohammed presented the paper 'WoS Regional Formulary Development Update' [Paper 25/48]. Mr Mohammed provided an update on development, noting that six chapters were currently under review at varying stages, with respiratory and gastrointestinal chapters expected to be finalised and approved at the February 2026 Regional Formulary		

		ACTION BY
	<p>Committee (RFC) meeting. There had been positive engagement from NHSGGC clinicians, with four to five representatives attending each chapter review meeting. A table of future chapter reviews and proposed start dates was shared. Mr Mohammed highlighted that once a regional chapter review began, formulary decisions for that chapter would shift to regional processes. The first RFC meeting took place on the 25th of November as an orientation session, introducing governance structures and roles, but no chapters were formally considered. Six NHSGGC members were currently on the committee, including Mr Mohammed, two primary care pharmacists, two GPs, and one acute clinical pharmacist, consultant representation was lacking across all 5 health boards. Mr Mohammed advised that a further Programme Board meeting was scheduled for the following week to agree on Formulary flag definitions and to clarify local approval processes before regional ratification, with updates to follow at the next ADTC meeting.</p> <p>Mr Ishtiaq Mohammed presented the paper 'WoS Formulary ToR' [Paper 25_49].</p> <p>The committee reviewed the draft terms of reference, which largely followed the East Regional Formulary model. Leadership of the regional formulary development was clarified as being overseen by the regional formulary team, with Mr Stephen Fenton as project manager, Ms Kirsty MacFarlane as lead pharmacist, and Mr Ewan Bell as Chair. Concerns were raised about potential challenges from pharmaceutical companies similar to a previous national attempt to provide advice on DOACs. Reassurance was provided that pharmaceutical company representatives would not sit on the RFC, ABPI Scotland was being consulted and were supportive of the development of the Regional Formulary.</p> <p>Issues with the cardiovascular formulary review were highlighted, including its resemblance to a guideline-driven approach rather than producing a list of formulary drugs. Mr Mohammed confirmed that treatment pathways were being developed, and the final format would mirror the East regions conditions-based website. Concerns about excessive formulary drug choices and medicines that were deemed of low clinical value being included in the Formulary were noted, assurances were provided that low-value medicines would not be included and that local Health Board ADTCs/Formulary committees would have an opportunity to influence Formulary content before approval. Mr Mohamed noted that NHSGGC currently had strong representation on each chapter review, but all boards faced challenges in securing acute service members, which remained a concern.</p>	

		ACTION BY
	<p>Mr Ishtiaq Mohammed presented the paper 'WoS Regional Formulary Flags' [Paper 25_50].</p> <p>The committee discussed proposals to introduce three formulary flags: specialist recommendation, specialist initiation, and specialist use only. The aim was to replace the current two-flag system and provide clearer prescribing guidance. Members supported the approach but stressed the need for concise wording and inclusion of initiation and titration in definitions to reflect stabilisation before transfer to primary care. Examples such as antidepressant cross-tapering, melatonin in children, and epilepsy drug titration were cited to illustrate practical application. Concerns were raised about consistency across health boards and potential workload implications, with agreement that final wording should remain simple and be reviewed once the Regional Programme Board confirmed its preferred definitions. Mr Mohammed advised that he would feed these comments back to the programme board.</p> <p>The committee were content to note the updates.</p> <p>NOTED</p>	
77.	ADTC COLLABORATIVE UPDATE	
	<p>Mr Colin Mason provided a verbal update from the most recent meeting on 19 November 2025.</p> <p>Mr Mason highlighted key points from the meeting, including the SMC's submission of its horizon scanning report to health boards for 2026–27 planning, and a new Healthcare Improvement Scotland safety briefing, on GLP-1 receptor agonists. The briefing raised concerns about private prescribing, inappropriate exposure in pregnancy, serious side effects, and counterfeit or unlicensed products, with Tayside reporting 46 yellow card submissions for Mounjaro. Prescribers were encouraged to report all adverse effects as the drug remained under black triangle monitoring. Mr Mason noted some issues with rogue prescribing for weight loss and stressed the importance of remaining vigilant.</p> <p>Dr Gerard McKay highlighted the importance of cautious titration in diabetes care and expressed concern about unsafe practices outside NHS protocols. Mr Ewan Gray added that GPs face ethical and practical challenges when patients misrepresent their eligibility to obtain these drugs privately.</p> <p>Mr Mason confirmed the briefing aimed to raise awareness among NHS clinicians, as private clinics may lack robust protocols.</p>	

		ACTION BY
	<p>He also reported on other agenda items, including progress on the Scottish Patient Safety Programme, reduction in valproate exposure in pregnancy, ongoing work on anti-seizure medication safety, and new antimicrobial prescribing targets for 2024–29, covering primary care, secondary care, and dental prescribing. The next collaborative meeting was scheduled for February 2026.</p> <p>The committee were content to note the update.</p> <p><u>NOTED</u></p>	
78.	Updated Medicine Governance Policies	
	<p>Mr Ishtiaq Mohammed presented the papers ‘Updated Medicine Governance Policies’.</p> <p>Mr Mohammed advised that several policies had passed their review dates, which was highlighted by an internal audit earlier in the year, with a deadline of December 2025 set for completion. Four updated policies were tabled for review and approval.</p> <p><u>Policy 5.2 - Peer Approved Clinical System Tier Two Policy</u></p> <p>Minimal changes including updated NHS email contacts, correction of typos, and the addition of hyperlinks to related policies and resources. Mr Mohammed noted two points requiring clarification: removal of a reference to the Ultra Orphan policy if retired, and clarification of the term ‘SFI’ in section 9.9. Committee members suggested the term ‘SFI’ likely referred to ‘Standard Financial Instruments’, which Mr Mohammed agreed to confirm and update.</p> <p>The committee was content to approve the revised policy subject to these minor amendments.</p> <p><u>APPROVED</u></p> <p><u>Policy 5.3 – PACS Tier 1 Ultra-Orphan Policy</u></p> <p>Mr Mohammed recommended the retirement of this policy, explaining that it was originally an interim measure for ultra-orphan medicines not accepted by SMC. Since the Ultra Orphan Pathway framework was now established and all previously considered medicines had been accepted for use, the policy was no longer required.</p>	

		ACTION BY
	<p>The committee agreed with the recommendation to retire the policy.</p> <p><u>APPROVED</u></p> <p><u>Policy 5.4 - Individual Patient Treatment Request (IPTR) Policy</u> Minimal changes included updated NHS email contacts, correction of typos, and the addition of hyperlinks to relevant internal and external documents. A reference to the Tier 1 policy was also removed.</p> <p>The committee was content to approve the revised policy</p> <p><u>APPROVED</u></p> <p><u>Policy 5.5 - Individual Patient Treatment Request (IPTR) Appeals Process and eForm IPTR Appeal</u></p> <p>Mr Mohammed advised the policy update involved more substantial changes than those previous, primarily related to panel membership and roles and responsibilities, which were based on recommendations from Aileen Muir prior to her retirement. The Chair suggested sharing the revised policy with Chief Medical Officers for North, South, and Clyde sectors for review before final approval. Mr Mohammed agreed to seek their feedback and proceed if they were satisfied, as no further comments were raised by the committee.</p> <p><u>ON HOLD</u></p> <p><u>Policy 3.1 - Policy on Formulary Management</u></p> <p>Mr Mohammed requested approval to extend the review date for the policy, explaining that significant updates would be required to align with the forthcoming West of Scotland regional formulary processes. He advised that reviewing the policy now would be premature and proposed a 12-month extension to allow time for these changes.</p> <p>The committee agreed to extend the review date for this policy.</p> <p><u>APPROVED</u></p> <p><u>Policy 5.7 - Acute Unlicensed Medicines Policy</u></p> <p>Mr Mohammed requested a 12-month extension for reviewing the policy, explaining that while the current policy remained fit for purpose, a detailed review would require re-establishing a short-life working group. He confirmed that the group would include</p>	

OFFICIAL SENSITIVE

			ACTION BY
	<p>members from the original review team and proposed updating the website to reflect the extended review date. The committee agreed this was a sensible approach.</p> <p>The committee agreed to extend the review date for this policy.</p> <p><u>APPROVED</u></p>		
79.	ADTC Position Statement on Cost-Effective Use of Medicines		
	<p>Mr Ishtiaq Mohammed presented the paper 'ADTC Position Statement on Cost-Effective Use of Medicines'.</p> <p>The committee considered the paper, originally drafted by Aileen Muir at the request of senior leadership. Mr Mohammed explained the statement aimed to reaffirm ADTC's commitment to cost-effective prescribing and would be circulated to clinicians across NHSGGC. Members supported the statement and agreed to approve it, with Mr Mohammed confirming he would report back to the Director of Pharmacy for next steps.</p> <p>The committee were content to approve the statement.</p> <p><u>APPROVED</u></p>		
80.	Any Other Business		
	<p>There was no other business.</p> <p><u>NOTED</u></p>		
81.	Date and Time of Next Scheduled Meeting		
	February 16, 2026, at 2pm, via Microsoft Teams		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **08/12/2025**

delgocitinib

SMC2817

Anzupgo®

0

Indication:

Treatment of moderate to severe chronic hand eczema (CHE) in adults for whom topical corticosteroids are inadequate or inappropriate.

ADTC Discussion points

Will be considered by the West of Scotland Regional Formulary Committee

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

16/02/2026

Local restrictions on use:

givinostat

SMC2856

Duvyzat®

0

Indication:

Treatment of Duchenne muscular dystrophy (DMD) in patients 6 years of age and older.

ADTC Discussion points

Awaiting feedback from specialists

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

16/02/2026

Local restrictions on use:

maralixibat

SMC2806

Livmarli®

0

Indication:

Treatment of cholestatic pruritus in patients with Alagille syndrome (ALGS) 2 months of age and older.

ADTC Discussion points

Awaiting feedback from specialists

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

16/02/2026

Local restrictions on use:

mercaptamine

SMC2824

Procysbi®

0

Indication:

Treatment of proven nephropathic cystinosis. Cysteamine reduces cystine accumulation in some cells (e.g. leukocytes, muscle and liver cells) of nephropathic cystinosis patients and, when treatment is started early, it delays the development of renal failure.

ADTC Discussion points

Procysbi is significantly more expensive than Cystagon.

Cystagon will remain the preferred formulation in adult patients. To be used 2nd line in patients where Cystagon is ineffective, has unacceptable side-effects or to reduce pill burden.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

To be used 2nd line in patients where Cystagon is ineffective, has unacceptable side-effects or to reduce pill burden.

budesonide

SMC2855

Budenofalk®

0

Indication:

Short-term treatment of mild to moderate acute ulcerative colitis limited to the rectum (ulcerative proctitis) in adult patients.

ADTC Discussion points

Will be considered by the West of Scotland Regional Formulary Committee

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

16/02/2026

Local restrictions on use:

guselkumab

SMC2848

Tremfya®

0

Indication:

Treatment of adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response, lost response, or were intolerant to either conventional therapy, a biologic treatment, or a Janus kinase (JAK) inhibitor.

ADTC Discussion points

Will be considered by the West of Scotland Regional Formulary Committee

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

16/02/2026

Local restrictions on use:

guselkumab

SMC2850

Tremfya®

0

Indication:

Treatment of adult patients 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 treatment.

ADTC Discussion points

Will be considered by the West of Scotland Regional Formulary Committee

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

16/02/2026

Local restrictions on use:

progesterone

SMC2869

Prometrium®

0

Indication:

Prevention of miscarriage in women presenting with bleeding in the first trimester of pregnancy and have a history of recurrent miscarriages

ADTC Discussion points

Awaiting feedback from specialists

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

16/02/2026

Local restrictions on use:

amivantamab

SMC2878

Rybrevant®

0

Indication:

In combination with carboplatin and pemetrexed for the first-line treatment of adult patients with advanced non-small cell lung cancer (NSCLC) with activating epidermal growth factor receptor (EGFR) Exon20 insertion mutations.

ADTC Discussion points

Referred to RCAG-PASG

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

16/02/2026

Local restrictions on use:

Bevacizumab in combination with fluoropyrimidine-based chemotherapy

NCMAG 123

0

Indication:

Bevacizumab in combination with fluoropyrimidine-based chemotherapy for the first line treatment of adult patients with metastatic carcinoma of the colon or rectum. On-label use and off-patent medicine.

ADTC Discussion points

Supported for use for this indication by RCAG-PASG

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Bevacizumab in combination with fluoropyrimidine-based chemotherapy

NCMAG124

0

Indication:

Second-line treatment of metastatic colorectal cancer in combination with fluoropyrimidine-based chemotherapy

ADTC Discussion points

Supported for use for this indication by RCAG-PASG.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

durvalumab

SMC2857

Imfinzi®

0

Indication:

In combination with tremelimumab for the first-line treatment of adults with advanced or unresectable hepatocellular carcinoma (HCC).

ADTC Discussion points

Referred to RCAG-PASG for expert advice

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

16/02/2026

Local restrictions on use:

fruquintinib

SMC2858

Fruzaqla

0

Indication:

treatment of adult patients with metastatic colorectal cancer (mCRC) who have been previously treated with available therapies, including fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, with or without an anti-VEGF therapy, and if RAS wildtype and medically appropriate, an anti-EGFR therapy

ADTC Discussion points

Use supported by RCAG-PASG

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

futibatinib

SMC2661

Lytgobi®

0

Indication:

Monotherapy for the treatment of adult patients 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.

ADTC Discussion points

Use supported by RCAG-PASG,

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

isatuximab

SMC2804

Sarclisa®

0

Indication:

In combination with bortezomib, lenalidomide, and dexamethasone, for the treatment of adult patients with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplant.

ADTC Discussion points

Referred to RCAG-PASG for expert advice

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

16/02/2026

Local restrictions on use:

osimertinib

SMC2736

Tagrisso®

0

Indication:

In combination with pemetrexed and platinum-based chemotherapy for the first-line treatment of adult patients with advanced non-small cell lung cancer (NSCLC) whose tumours have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations.

ADTC Discussion points

Use supported by RCAG-PASG

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

ribociclib

SMC2803

Kisqali®

0

Indication:

In combination with an aromatase inhibitor for the adjuvant treatment of patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative early breast cancer at high risk of recurrence. In pre- or perimenopausal women, or in men, the aromatase inhibitor should be combined with a luteinising hormone-releasing hormone (LHRH) agonist.

ADTC Discussion points

Referred to RCAG-PASG for expert advice

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

16/02/2026

Local restrictions on use:

ripretinib

SMC2821

Qinlock®

0

Indication:

Treatment of adult patients with advanced gastrointestinal stromal tumour (GIST) who have received prior treatment with three or more kinase inhibitors, including imatinib.

ADTC Discussion points

Use supported by RCAG-PASG

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

rucaparib

SMC2799

Rubraca®

0

Indication:

Monotherapy for the maintenance treatment of adult patients with advanced (FIGO Stages III and IV) high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy.

ADTC Discussion points

Use supported by RCAG-PASG

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

zanubrutinib

SMC2819

Brukinsa®

0

Indication:

Monotherapy for the treatment of adult patients with mantle cell lymphoma (MCL) who have received at least one prior therapy

ADTC Discussion points

Use supported by RCAG-PASG

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

iptacopan

SMC2889

Fabhalta®

0

Indication:

Treatment of adult patients with complement 3 glomerulopathy (C3G) in combination with a renin-angiotensin system (RAS) inhibitor, or in patients who are RAS-inhibitor intolerant, or for whom a RAS inhibitor is contraindicated.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

melatonin MR

SMC2882

Slentyto®

0

Indication:

Treatment of insomnia in children and adolescents aged 6-17 years with attention-deficit hyperactivity disorder (ADHD) where sleep hygiene measures have been insufficient.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

trastuzumab

SMC2888

Enhertu®

0

Indication:

treatment of adult patients with unresectable or metastatic hormone receptor (HR)-positive, HER2-low or HER2-ultralow breast cancer who have received at least one endocrine therapy in the metastatic setting and who are not considered suitable for endocrine therapy as the next line of treatment.

ADTC Discussion points**ADTC Decision:**

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

elacestrant

SMC2807

Korserdu®

0

Indication:

Monotherapy for the treatment of postmenopausal women, and men, with estrogen receptor (ER)-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1 mutation who have disease progression following at least one line of endocrine therapy including a CDK 4/6 inhibitor.

ADTC Discussion points**ADTC Decision:**

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

tarlatamab

SMC2816

Imdylltra®

0

Indication:

Treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC) with disease progression on or after at least two prior lines of therapy including platinum-based chemotherapy.

ADTC Discussion points**ADTC Decision:**

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

blinatumomab

SMC2808

Blincyto®

0

Indication:

Treatment of adult patients with Philadelphia chromosome negative CD19-positive B-cell precursor acute lymphoblastic leukaemia (ALL) in the consolidation phase.

ADTC Discussion points

Use supported by RCAG-PASG

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

axicabtagene ciloleucel

SMC2695

Yescarta®

0

Indication:

Treatment of adult patients with diffuse large B-cell lymphoma (DLBCL) and high-grade B-cell lymphoma (HGBL) that relapses within 12 months from completion of, or is refractory to, first-line chemoimmunotherapy.

ADTC Discussion points

16/06/25 - On going discussions regarding transitioning to a regional model. WoS Regional Cancer Services have agreed to review this medicine once regional model is in place.

18/08/25 - No further progress on regional model since last meeting. Remain deferred

06/10/25 - No further progress on regional model since last meeting. Remain deferred

08/12/25 - No further progress on regional model since last meeting. Remain deferred

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

16/02/2026

Local restrictions on use:

belantamab mafodotin

SMC2727

Blenrep

0

Indication:

in combination with bortezomib and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least one prior therapy.

ADTC Discussion points

Referred to RCAG-PASG for expert advice

08/12/25 - Service issues, needing to be resolved.

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

20/04/2026

Local restrictions on use:

cabozantinib

SMC2754

0

Indication:

Monotherapy for the treatment of hepatocellular carcinoma (HCC) in adults who have previously been treated with sorafenib.

ADTC Discussion points

28/04/25 - Referred to RCAG for expert advice

16/06/25 - Awaiting RCAG advice

18/08/25 - Awaiting advice from RCAG-PASG

06/10/2025 - Remain deferred. Awaiting advice from RCAG-PASG

08/12/2025 - Remain deferred. Awaiting advice from RCAG-PASG

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

16/02/2026

Local restrictions on use:

durvalumab

SMC2797

Imfinzi

0

Indication:

in combination with carboplatin and paclitaxel for the first-line treatment of adults with primary advanced or recurrent endometrial cancer who are candidates for systemic therapy, followed by maintenance treatment with:

- durvalumab as monotherapy in endometrial cancer that is mismatch repair deficient (dMMR)
- durvalumab in combination with olaparib in endometrial cancer that is mismatch repair proficient (pMMR).

ADTC Discussion points

06/10/25 - Referred to RCAG-PASG for expert advice

08/12/25 - Awaiting feedback from RCAG-PASG

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

16/02/2026

Local restrictions on use:

epiontersen

SMC2755

Wainzua®

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Indication:

Treatment of hereditary transthyretin-mediated amyloidosis (ATTRv amyloidosis) in adult patients with Stage 1 and 2 polyneuropathy.

ADTC Discussion points

28/04/25 - Awaiting clarification from NSS on whether the medicine will be included in the Risk Share Scheme, in line with other therapies for this condition.

16/06/25 - Still awaiting advice from NSS

18/08/25 - Feedback from NSS is that final decision on national funding not expected until 2026/27. Remain deferred

06/10/25 - Remain deferred

08/12/25 - Remain deferred

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

20/04/2026

Local restrictions on use:

Semaglutide

SMC2497

Wegovy

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Indication:

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

- ≥ 30 kg/m² (obesity), or
- ≥ 27 kg/m² to < 30 kg/m² (overweight) in the presence of at least one weight-related comorbidity.

ADTC Discussion points

National SLWG looking at consensus statement regarding GLP1 receptor agonists for weight management to help guide health boards. It was noted that there are significant local service implications and global supply issues ongoing.

28/04/25 - Further local implementation plans are needed. Decision on formulary to be determined by product availability and service delivery.

16/06/25 - Local delivery plans still to be finalised

18/08/25 - Local delivery plans still being finalised

06/10/25 - Remain deferred. Local delivery plans still being finalised

08/12/25 - Remain deferred. Local delivery plans still being finalised

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

16/02/2026

Local restrictions on use:

BMI of ≥ 30 kg/m²* in the presence of at least one weight-related comorbidity. Patients should be treated in a specialist weight management service.

*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.

tirzepatide

SMC2653

Mounjaro®

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Indication:

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 ≥ 30 kg/m² (obesity) or ≥ 27 kg/m² to < 30 kg/m² (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).

ADTC Discussion points

28/04/25 - Decision deferred until local implementation plans on service delivery are agreed.

16/06/25 - Local delivery plans still to be finalised

18/08/25 - Local delivery plans still being finalised

06/10/25 - Remain deferred. Local delivery plans still being finalised

08/12/25 - Remain deferred. Local delivery plans still being finalised

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

16/02/2026

Local restrictions on use:

Indication:

Treatment of activated phosphoinositide 3-kinase delta (PI3K-delta) syndrome (APDS) in adult and paediatric patients 12 years of age and older.

ADTC Discussion points

SMC advice noted.

Not to be considered for addition to the Formulary until re-assessment by the SMC.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:
