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 prefere

'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 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 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
 - o 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 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 NHSGGC?

- 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 medicines to their formulary and advise the ADTC. Sometimes it is agreed that established medicines are a better choice than new medicines.

Medicine	Condition being treated	NHSGGC Decision	Date of decision

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In combination with carboplatin and etoposide, is indicated for the first-line treatment of adult patients with extensive-stage small cell lung cancer.	Routinely available in line with local or regional guidance	14/12/2020
(ES-SCLC).		
In combination with nab-paclitaxel is indicated for	Routinely available in line with local	14/12/2020
	or regional guidance	
breast cancer (TNBC) whose tumours have		
≥1% and who have not received prior chemotherapy for metastatic disease.		
Treatment of severe thrombocytopenia in adult	Routinely available in line with	14/12/2020
scheduled to undergo an invasive procedure.	national guidance	
in adults with primary hypercholesterolaemia	Not routinely available as not	14/12/2020
	recommended for use in NHSScotland	
- In combination with a statin, or a statin with other		
LDL-C goals with the maximum tolerated dose of a statin or - Alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contra-indicated.		
	indicated for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC). In combination with nab-paclitaxel is indicated for the treatment of adult patients with unresectable locally advanced or metastatic triple-negative breast cancer (TNBC) whose tumours have programmed death-ligand 1 [PD-L1] expression ≥1% and who have not received prior chemotherapy for metastatic disease. Treatment of severe thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo an invasive procedure. in adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet: - In combination with a statin, or a statin with other lipid-lowering therapies in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin or - Alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or	indicated for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC). In combination with nab-paclitaxel is indicated for the treatment of adult patients with unresectable locally advanced or metastatic triple-negative breast cancer (TNBC) whose tumours have programmed death-ligand 1 [PD-L1] expression ≥1% and who have not received prior chemotherapy for metastatic disease. Treatment of severe thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo an invasive procedure. Routinely available in line with national guidance Routinely available in line with national guidance Not routinely available as not recommended for use in NHSScotland NHSScotland NHSScotland NHSScotland NHSScotland NHSScotland

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Medicine	Condition being treated	NHSGGC Decision	Date of decision
Darolutamide tablets	Treatment of adult men with non-metastatic castration resistant prostate cancer (nmCRPC) who are at high risk of developing metastatic	Routinely available in line with local or regional guidance	14/12/2020
Nubeqa®	disease.		
SMC2297			
Fremanezumab injection Ajovy®	Prophylaxis of migraine in adults who have at least four migraine days per month.	Routinely available in line with local or regional guidance	14/12/2020
SMC2226		10/08/2020	
Mexiletine capsules Namuscla®	for the symptomatic treatment of myotonia in adult patients with non-dystrophic myotonic disorders.	Routinely available in line with national guidance	14/12/2020
SMC2241			
Patiromer oral suspension Veltassa®	Treatment of hyperkalaemia in adults	Not routinely available as not recommended for use in NHSScotland	14/12/2020
SMC2264			

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Medicine	Condition being treated	NHSGGC Decision	Date of decision
Romosozumab injection	Treatment of severe osteoporosis in postmenopausal women at high risk of fracture.	Routinely available in line with national guidance	14/12/2020
Evenity®			
SMC2280			
Trabectedin infusion Yondelis® SMC2283	Treatment of adult patients with advanced soft tissue sarcoma, after failure of anthracyclines and ifosfamide, or who are unsuited to receive these agents. Efficacy data are based mainly on liposarcoma and leiomyosarcoma patients	Routinely available in line with local or regional guidance	14/12/2020
Trastuzumab emtansine infusion Kadcyla® SMC2298	As a single agent, for the adjuvant treatment of adult patients with human epidermal growth factor-2 (HER2) positive early breast cancer who have residual invasive disease, in the breast and/or lymph nodes, after neoadjuvant taxane-based and HER2 targeted therapy.	Routinely available in line with local or regional guidance	14/12/2020
Venetoclax tablets Venclyxto® SMC2293	In combination with obinutuzumab for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia (CLL).	Routinely available in line with local or regional guidance	14/12/2020

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