ADTC (M) 25/03
Minutes 29 - 41

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Area Drugs and Therapeutics Committee
held on Monday 16 June 2025 at 2.00pm
via Microsoft Teams

PRESENT

Dr Scott Muir (in the Chair)

Katie Adair	Mairi-Anne McLean
Ronnie Burns	Ishtiaq Mohammed
Maureen Byrne	Aileen Muir
Jane Hall	Elaine Paton
Roger Hardman	Faria Qureshi
Stephanie Hart	Fiona Robb
Chris Jones	Amit Verma
Gerry McKay	

IN ATTENDANCE

Fiona Thomson	NHS Highland (Observer)
Siobhan Carty	Antimicrobial Pharmacist (Observer)

			ACTION BY
29.	**CHAIR'S STATEMENT**		
	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. Members were reminded to make relevant declarations of interest in line with Board policy. 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. **NOTED**		
30.	**WELCOME AND APOLOGIES**		

			ACTION BY
	The Chair welcomed those present to the June 2025 meeting of the Area Drugs and Therapeutics Committee. Apologies for absence were noted on behalf of: • Peter Kewin • Kay McAllister • Elaine McIvor • Janice Watt The Chair proposed that going forward meetings would be recorded, and the recording would be destroyed following formal approval of the minute. The Committee were content to approve this proposal. **NOTED**		
31.	**MINUTES OF PREVIOUS MEETING**		
a)	The Committee considered the minute of the meeting held on Monday, 28 April 2025 and were content to accept these as an accurate record. **APPROVED**		
b)	**Decisions Summary: 28 April 2025** The Committee were content to note the Decision Summary from 28 April 2025. **NOTED**		
32.	**MATTERS ARISING**		
	There were no matters arising. **NOTED**		
33.	**NEW MEDICINES FOR CONSIDERATION**		
(i)	**Report on SMC Product Assessments**		
	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. No declarations of interest were made.		

			ACTION BY
	NOTED		
34.	**WEST OF SCOTLAND CANCER NETWORK PRESCRIBING ADVISORY SUBGROUP REPORTS**		
	The Committee noted there was no summary available since the last meeting. **NOTED**		
35.	**NON-MEDICINES UTILISATION SUBCOMMITTEE TERMS OF REFERENCE**		
	Ms Mairi-Anne McLean, Senior Prescribing Advisor, presented the paper Non-Medicines Utilisation Subcommittee Terms of Reference [Paper 25/21]. Ms McLean reported that the Terms of Reference (ToR) were presented as part of the usual governance process and were submitted to ADTC for oversight. There had been no major changes. The ToR were in line with the ADTC ToR, and were reviewed in line with Medicines Utilisation Subcommittee ToR to ensure the medicines processes were aligned. It was noted that the Subcommittee had representation from the medicines policy and guidelines team. In response to a question regarding the review of diabetic sundry products, the Committee noted that although there was no diabetic specialist on the Subcommittee, the Subcommittee worked alongside the diabetic MCN, and would then come through ADTC for ratification. The Committee were content to approve the paper. **APPROVED**		
36.	**ADTC SUMCOMMITTEE SIX MONTHLY REPORTS**		
	a) Prescribing Interface Subcommittee		
	Dr Roger Hardman presented the paper ‘Prescribing Interface Subcommittee Six Monthly Report’ [Paper 25/22]. The paper summarised the work undertaken by the Subcommittee from December 2024 to May 2025.		

			ACTION BY
	Dr Hardman highlighted that membership had increased due to a GP and Pharmacist joining. The Melatonin Shared Care Agreement (SCA) in Adults had been retired as the Clinical Guideline 'Melatonin Prescription for Acute and Chronic insomnia in Adults' had been published on the Right Decisions Platform. The Melatonin SCA for children was reviewed in March and was submitted to the LMC GP Subcommittee for consideration. The Methotrexate (Dermatology) SCA had been reviewed by the LMC and comments had been passed on to the authors. A response from the authors was awaited. The Committee note that the Growth Hormone SCA had been reviewed. There was a detailed discussion, and it was noted that adults up to age 25 can get the treatment. The Committee noted that comments had been passed back to the authors, however it was moving forward to being renewed. Lastly, Dr Hardman reported that the Supply of Medicines following specialist review had now been updated, approved and was on the Medicines Policy section of the website. The Committee were content to note the update. **NOTED**		
	b) Patient Group Directive		
	Ms Elaine Paton presented the paper 'Patient Group Directive Six Monthly Report' [Paper 25/23]. The paper summarised the activity over the 6 months. Ms Paton reported that Ms Maria Tracey had retired in January having served the Committee for a number of years. Ms Paton noted thanks to Ms Tracey for her long service and advice to the Committee. The vacancy would be replaced in due course. Ms Paton provided an update on the process regarding the Chemical, Biological, Radiological or Nuclear (CBRN) PGD's. At the moment the PGDs were nationally produced by UKHSA and adopted for use in NHSGGC. They were then reviewed and posted onto the GGC website for ease of access and complimented with the ADTC signatory sheet. The Committee formally noted that they were happy with that process and no change was required. The Committee received assurance that an annual CBRN letter goes to the relevant people, so the process was well understood.		

			ACTION BY
	The Committee were content to note the paper. **NOTED**		
37.	**ADTC SUBCOMMITTEE UPDATES**		
	a) Medicines Utilisation Subcommittee Dr Amit Verma reported that the Terms of Reference had been reviewed. He noted that updates to the Therapeutics Handbook by authors and reviewers had been variable which had created challenges. A meeting with clinical effectiveness was due to take place to discuss their process for managing breach guidelines on the Clinical Platform and to see if their protocol could be modified for use for the Therapeutics Handbook. The Committee were content to note the update. **NOTED**		
	b) Non-Medicines Utilisation Subcommittee No specific update **NOTED**		
	c) Antimicrobial Subcommittee Further to the update on national targets provided at the last meeting, Ms Fiona Robb provided an update on the supplementary targets that had since been agreed. - Primary Care target - by 2029, 90% prescriptions for amoxicillin and 60% for doxycycline would be for 5 days. - Primary Care target - 85% of prescriptions for trimethoprim and nitrofurantoin when used for uncomplicated UTI in female patients would be for 3 days. - Less than 3% of all antibiotics in Primary Care would be co-amoxiclav and ciprofloxacin. Ms Robb reported that these targets had all been agreed at the last meeting and would be rolled out shortly. - Secondary Care target - by 2029, IV antibiotic prescribing would be 10% lower than where GGC were in 2019.		

			ACTION BY
	- Secondary Care target– by 2029, 95% of antibiotic prescribing would have an indication recorded. - There would be targets for adherence to antimicrobial guidelines of 90% and one for lower respiratory tract infections for 90% or antibiotic courses, including IV and oral route, for 5days. This had to be agreed by all Health Boards, however it was expected to be agreed. Ms Robb reported that work was ongoing nationally regarding the HEPMA indications. The pilot was being carried out in GGC and Mr Rob Puckett from the HEPMA team was leading on this. Any Doctors that would like to be part of the roll out should contact Mr Puckett directly. The Committee were content to note the update. **NOTED**		
	d) Communications Subcommittee No specific update. **NOTED**		
	e) Safer Use of Medicines Subcommittee Professor Gerry McKay reported that the Committee were scheduled to meet on 17th June. He informed the Committee that Ms Colette Byrne had been appointed as the new Lead Pharmacist for Medicines Information and Governance. **NOTED**		
38.	**WoS REGIONAL FORMULARY**		
	Mr Ishtiaq Mohammed presented the paper WoS Regional Formulary [Paper 25/24]. a) Nominations for Chapter Working Groups The paper outlined the development process, membership and details for participating in the development of the Wos Regional Formulary. Initial chapter development would focus on medicines that were currently listed in Health Board Formularies. Expert working groups would be formed for each therapeutic chapter,		

			ACTION BY
	with an aim to review the adult and paediatric formulary content simultaneously, which was a slightly different approach than that carried out in the East. The groups would review existing local formulary choices and prescribing data and use decision making criteria to decide on formulary choices. Each group would consist of nominees from all 5 Health Boards, representing Primary Care and Acute Sector, including GP's, Consultants, Pharmacists and other relevant healthcare professionals, however the Committee noted that not all professional sectors would have representation on each chapter expert working group from each Health Board. In relation to time commitments, the Committee noted that for each chapter review the expectation was to meet for a max 2.5 hours via MS Teams and most chapter reviews would require 2 meetings. There would be an initial joint meeting to agree medicine choices and then separate Adult and Paediatric meetings to agree to content for the Formulary. There would be 3 weeks allocated to review the draft chapters and provide feedback on any further suggested changes. The first 4 chapters to be reviewed would be GI, Cardiovascular, Skin and Respiratory. Requests for GGC nominees for each chapter had been circulated across both PC, Acute Sector and MCN's. Mr Mohammed noted that he had also contacted local specialists regarding the GI and Cardiovascular chapters, and he planned to email other local specialists for future chapter reviews. Mr Mohammed noted that for the GI chapter review, 6 GGC nominees had been invited to the meetings in August and September, however there was no GP representation from GGC on the group. For the Cardiovascular chapter, 5 nominees had been invited for meetings at the end of July/August including 1 GP. The Skin chapter had 2 nominations, and the Respiratory chapter had 5 nominations received to date, with meeting dates still to be agreed. There had been 12 nominees received to date for future chapter meetings. Mr Mohammed noted that the main concern was regarding limited nominations, in particular from GP's and from a paediatric perspective which was a concern, however was not unique to GGC. It was agreed that Dr Byrne would discuss nominations with Marco from the LMC and provide details regarding the expectations for the chapter review meetings. The Committee discussed the challenges of reviewing the Adult and Paediatric Formulary simultaneously. Whilst efforts were being made to draw on experience from the East, it was noted		Dr Byrne

			ACTION BY
	that limited paediatric involvement would be challenging, therefore this may need to be reviewed. The Committee noted that once the chapters had been reviewed, any new SMC advice would go to the expert working groups for review and comment and Formulary applications would then be submitted to the Regional Formulary Committee for approval. The Committee were asked to consider nominations for the West of Scotland Regional Formulary Committee to ensure there was appropriate representation from GGC from a Primary and Secondary Care perspective. The Programme Board previously discussed lay representation; however, they were unsure on whether this would be feasible The Committee discussed reimbursement for GP attendance, noting that there was funding for attendance at the expert working groups, however further clarification was required regarding funding for GP representation on the West of Scotland Regional Formulary Committee. This would be raised via the Programme Board. The Committee were content to note the update. b) Programme Board Minutes – 15th May 2025 The Committee noted the minutes of the last meeting. **NOTED**		Chair/ A. Muir
39.	**ADTC COLLABORATIVE UPDATE**		
	Ms Faria Qureshi provided an update on the ADTC Collaborative (ADTCC). The Committee noted that the latest newsletter had not been circulated yet and would be shared with the Committee when available. Ms Qureshi provided an overview of the main topics discussed, including: The Horizon Scanning Advisory Board were looking to identify drugs that may have huge impact nationally and advised that the outcome from the Advisory Board would go to the national NHS Planning and Delivery Board for onward dissemination to local Health Boards		Ms Qureshi/ Secretary

			ACTION BY
	The VPAG (Voluntary Scheme for Pricing, Access and Growth) Investment Programme is about realising the true value of medicines benefit to patients. Some of the work streams that form part of the work include better data capture, new digital pathways and implementation and new streamline methods to help SMC engage with NICE HTA lab process. An update was provided on the early access to medicines before being fully licenced, noting that these medicines should always go through national procurement process to ensure equity for access to medicines. Ms Qureshi reported that the Scottish Patient Safety Programme would now focus on adults in hospital, therefore would also cover Community Hospital. The focus would be on falls, deteriorating patients pressure ulcers and medicines in Hospital. There was a discussion regarding enhancing communication optimisation data use and ensuring that SPSP programmes addressed emerging issues. The focus was to ensure that data was palatable for Health Boards and to avoid duplication. There was discussion regarding retiring Datix and moving to a new system called InPhase. Some changes to the SMC in house process for ultra orphan initial assessment was noted, however this would not affect the detail that the Committee received. Lastly, Ms Qureshi informed the Committee that the ADTCC had developed Terms of Reference and were looking for comments. It was agreed the ToR would be circulated to members following the meeting for comment. The Committee were content to note the update. **NOTED**		Ms Qureshi/ Secretary
40.	**Any Other Business**		
	The Chair informed members that Ms Janice Watt has been appointed as Interim Director of Pharmacy. This had left the Vice Chair position vacant. It was agreed a letter would be circulated to members in order to submit nominations for the position. **NOTED**		Secretary/ Chair
41.	**Date and Time of Next Scheduled Meeting**		

			ACTION BY
	Monday, 18 August 2025 at 2pm, via Microsoft Teams		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **16/06/2025**

cladribine

SMC2751

Mavenclad®

Indication:

Treatment of adult patients with relapsing forms of multiple sclerosis (RMS) with active disease as defined by clinical or imaging features.

ADTC Discussion points

Already listed on GGC Formulary for the treatment of severe RRMS
May displace other treatments for this new indication
20 -30 new patients may treated with cladribine p.a.
Local MS DMT alogorithm to be updated to reflect new indication

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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molnupiravir

SMC2556

Lagevrio®

Indication:

Treatment of mild to moderate coronavirus disease 2019 (COVID-19) in adults with a positive SARS-COV-2 diagnostic test and who have at least one risk factor for developing severe illness.

ADTC Discussion points

Molnupiravir is not currently listed in the GGC Formulary
Current GGC COVID guidelines reflect SMC advice and restrictions.
Supply in Primary care to be via HSCP pharmacists

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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nirmatrelvir plus ritonavir

SMC2557

Paxlovid

Indication:

Treatment of people with symptomatic coronavirus disease (COVID-19)

ADTC Discussion points

Due to change in pricing. Paxlovid is no longer considered cost-effective/recommended for use in the following patient groups - people with diabetes, obesity, heart failure or those aged 70 years or over.
Local Covid 19 guidance to be updated to reflect SMC advice

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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ruxolitinib

SMC2750

Jakavi®

Indication:

Treatment of patients aged 12 years and older with acute graft versus host disease who have inadequate response to corticosteroids.

ADTC Discussion points

Up to 10 patients p.a. will be treated with ruxolitininb acrosss NHS GG&C
Approved for use in patients 12 years and older.
No addtional service implications expected.
Use in chronic graft v host diseasee remains non-Formulary and requires approval via IPTR process.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

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mepolizumab

SMC2765

Nucala®

Indication:

Add-on treatment for severe refractory eosinophilic asthma in adults, adolescents and children aged 6 years and older.

ADTC Discussion points

Updated indication to allow use in patients with 3 exacerbations p.a. (previously 4).
Will displace the use of tezeplemumab.
Approved for use in patients 6 years and older

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

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durvalumab

SMC2734

Imfinzi®

Indication:

In combination with etoposide and either carboplatin or cisplatin for the first-line treatment of adults with extensive-stage small cell lung cancer (ES-SCLC).

ADTC Discussion points

Recommneded for addition to the Formulary by the Regional Cancer Advisory Group. Regional protocol to be updated

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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erdafitinib

SMC2738

Balversa®

Indication:

Monotherapy for the treatment of adult patients with unresectable or metastatic urothelial carcinoma (UC), harbouring susceptible FGFR3 genetic alterations who have previously received at least one line of therapy containing a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting.

ADTC Discussion points

Accepted by RCAG Prescribing Advisory Subgroup meeting. Protocol under development.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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selpercatinib

SMC2732

Retsevmo®

Indication:

Monotherapy for the treatment of adults and adolescents 12 years and older with advanced rearranged during transfection (RET)-mutant medullary thyroid cancer (MTC).

ADTC Discussion points

Referred to RCAG 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:

18/08/2025

Local restrictions on use:

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sodium thiosulfate

SMC2730

Pedmarqsi®

Indication:

Prevention of ototoxicity induced by cisplatin chemotherapy in patients 1 month to <18 years of age with localised, non-metastatic, solid tumours.

ADTC Discussion points

Referred to the paediatric haematology and oncology department for advice. Already in use witthin their practice.

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:

18/08/2025

Local restrictions on use:

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talazoparib

SMC2753

Talzenna®

Indication:

In combination with enzalutamide for the treatment of adult patients with metastatic castration-resistant prostate cancer (mCRPC) in whom chemotherapy is not clinically indicated.

ADTC Discussion points

Recommneded for addition to the Formulary by the Regional Cancer Advisory Group. Regional protocol to be updated

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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bempedoic acid

SMC2740

Nilemdo®

Indication:

in adults with established or at high risk for atherosclerotic cardiovascular disease to reduce cardiovascular risk by lowering LDL-C levels, as an adjunct to correction of other risk factors:
- in patients on a maximum tolerated dose of a statin with or without ezetimibe or,
- alone or in combination with ezetimibe in patients who are statin-intolerant, or for whom a statin is contraindicated

ADTC Discussion points

Not recommended for use for the stated indication due to a company non-submission

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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bempedoic acid , ezetimibe

SMC2741

Nustendi®

Indication:

Treatment of adults with established or at high risk for atherosclerotic cardiovascular disease to reduce cardiovascular risk by lowering LDL-C levels, as an adjunct to correction of other risk factors:
- iin patients on a maximum tolerated dose of a statin and not adequately controlled with additional ezetimibe treatment or,
- iin patients who are either statin-intolerant, or for whom a statin is contraindicated, and not adequately controlled with ezetimibe treatment or,
- in patients already being treated with the combination of bempedoic acid and ezetimibe as separate tablets.

ADTC Discussion points

Not recommended for use for the stated indication due to a company non-submission

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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elvitegravir, cobicistat, emtricitabine, tenofovir alafenamide

SMC2809

Genvoya®

Indication:

Treatment of human immunodeficiency virus-1 (HIV-1) infection without any known mutations associated with resistance to the integrase inhibitor class, emtricitabine or tenofovir in paediatric patients aged from 2 years and with body weight at least 14 kg to less than 25 kg.

ADTC Discussion points

Not recommended for use for the stated indication due to a company non-submission.
Already included on GG&C Formulary for use from 12 years and older.

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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pegylated liposomal irinotecan

SMC2812

Onivyde®

Indication:

In combination with oxaliplatin, 5-fluorouracil (5-FU) and leucovorin (LV) for the first-line treatment of adult patients with metastatic adenocarcinoma of the pancreas.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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pegzilarginase

SMC2813

Loargys®

Indication:

Treatment of arginase 1 deficiency (ARG1-D), also known as hyperargininemia, in adults, adolescents and children aged 2 years and older.

ADTC Discussion points

Not recommended for use for the stated indication due to a company non-submission.

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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sarilumab

SMC2810

Kevzara®

Indication:

Treatment of polymyalgia rheumatica (PMR) in adult patients who have had an inadequate response to corticosteroids or who experience a relapse during corticosteroid taper.

ADTC Discussion points

Not recommended for use for the stated indication due to a company non-submission.

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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donanemab

SMC2687

Kisunla®

Indication:

Treatment of mild cognitive impairment and mild dementia due to Alzheimer's disease (AD) in adult patients that are apolipoprotein E ε4 (ApoE ε4) heterozygotes or non-carriers.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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durvalumab

SMC2735

Imfinzi®

Indication:

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

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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fruquintinib

SMC2748

Fruzaqla®

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

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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sumatriptan, naproxen

SMC2756

Suvexx®

Indication:

treatment of the headache phase of migraine attacks with or without aura in adults where treatment with a mono-entity product has been insufficient.

ADTC Discussion points

More cost-effective to use individual ingredients rather than this branded combination

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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alectinib

SMC2749

Alecensa®

Indication:

Monotherapy as adjuvant treatment for adult patients with Stage IB (tumours ≥ 4 cm) to IIIA (7th edition of the UICC/AJCC-staging system) anaplastic lymphoma kinase (ALK)-positive non-small cell lung cancer (NSCLC) following complete tumour resection.

ADTC Discussion points

28/04/25 - Referred to RCAG for expert advice
16/06/25 - Awaiting RCAG 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:

18/08/2025

Local restrictions on use:

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axicabtagene ciloleucel

SMC2695

Yescarta®

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.

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:

18/08/2025

Local restrictions on use:

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cabozantinib

SMC2754

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 - Awaiiting RCAG 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:
18/08/2025

Local restrictions on use:

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eplontersen

SMC2755

Wainzua®

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

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:
06/10/2025

Local restrictions on use:

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etranacogene dezaparvovec

SMC2649

Hemgenix®

Indication:

treatment of severe and moderately severe haemophilia B (congenital factor IX deficiency) in adult patients without a history of factor IX inhibitors.

ADTC Discussion points

19/08/24 - Decision deferred pending clarification of service requirements and National Services Scotland risk share arrangements
09/12/24 - National discussions underway regarding funding streams.
16/06/25 - Awaiting outcome of national discussion re. funding stream

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:
06/10/2025

Local restrictions on use:

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futibatinib

SMC2661

Lytgobi®

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

28/04/25 - Referred to RCAG for expert advice
16/06/25 - Awating advice from RCAG

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:
18/08/2025

Local restrictions on use:

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mavacamten

SMC2618

Camzyos®

Indication:

Treatment of symptomatic (New York Heart Association, NYHA, class II to III) obstructive hypertrophic cardiomyopathy (oHCM) in adult patients.

ADTC Discussion points

28/04/25 - Genetic phenotyping service is currently supported via manufacturer.
There are local service implications for ongoing monitoring. A specialist regional clinic is under development. Defer until service provision has been agreed.
16/06/25 - Awaiting further advice on service provision

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:
18/08/2025

Local restrictions on use:

Nivolumab, ipilimumab

NCMAG121

Indication:

Nivolumab in combination with ipilimumab for the neoadjuvant treatment of resectable stage III melanoma

ADTC Discussion points

28/04/25 - Referred to RCAG for expert advice
16/06/25 - Awaiting advice from RCAG

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:
18/08/2025

Local restrictions on use:

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pegunigalsidase alfa

SMC2665

Elfabrio®

Indication:

for long-term enzyme replacement therapy in adult patients with a confirmed diagnosis of Fabry disease (deficiency of alpha-galactosidase).

ADTC Discussion points

28/04/25 - Decision deferred until Scottish Government notification that medicine has been included on the national risk share scheme

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:
06/10/2025

Local restrictions on use:

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pembrolizumab

NCMAG122

Indication:

For the neoadjuvant treatment of stage IIIB to IIID or oligometastatic resectable stage IV melanoma

ADTC Discussion points

28/04/25 - Referred to RCAG for expert advice
16/06/25 - Awaiting advice from RCAG

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:
18/08/2025

Local restrictions on use:

Semaglutide

SMC2497

Wegovy

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

ADTC Discussion points

National SLWG looking at consensus statement regarding GLP1receptor 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

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:

18/08/2025

Local restrictions on use:

BMI of ≥30kg/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.

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tirzepatide

SMC2653

Mounjaro®

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 dleivery are agreed.
16/06/25 - Local delivery plans still to be 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:

18/08/2025

Local restrictions on use:

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exagamglogene autotemcel

SMC2709

Casgevy®

Indication:

Treatment of transfusion-dependent beta-thalassemia in patients 12 years of age and older for whom haematopoietic stem cell transplantation is appropriate and a human leukocyte antigen matched related haematopoietic stem cell donor is not available.

ADTC Discussion points

16/06/25 - Decision deferred until Scottish Government notification that medicine has been inculded on the national risk share scheme

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:

06/10/2025

Local restrictions on use: