

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.

'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 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 included. Medicines included 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
 - 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 (NICE) 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 advise the ADTC on their preferred 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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<p>Abiraterone</p> <p>NCMAG110</p>	<p>Abiraterone acetate plus prednisolone in combination with androgen deprivation therapy for the treatment for newly diagnosed low-risk metastatic hormone-sensitive prostate cancer patients who are not suitable for currently accessible on-label alternatives.</p>	<p>Routinely available in line with local or regional guidance</p>	<p>21/08/2023</p>
<p>Aflibercept</p> <p>Eylea®</p> <p>SMC2612</p>	<p>In preterm infants for the treatment of retinopathy of prematurity (ROP) with zone I (stage 1+, 2+, 3 or 3+), zone II (stage 2+ or 3+) or AP-ROP (aggressive posterior ROP) disease.</p>	<p>Not routinely available as not recommended for use in NHSScotland</p>	<p>21/08/2023</p>
<p>apalutamide</p> <p>Erleada®</p> <p>SMC2579</p>	<p>In adults for the treatment of non-metastatic castration-resistant prostate cancer (nmCRPC) who are at high risk of developing metastatic disease.</p>	<p>Routinely available in line with local or regional guidance</p>	<p>21/08/2023</p>
<p>avalglucosidase alfa</p> <p>Nexviadyme®</p> <p>SMC2546</p>	<p>Long-term enzyme replacement therapy for the treatment of patients with Pompe disease (acid α-glucosidase deficiency)</p>	<p>Routinely available in line with national guidance</p>	<p>21/08/2023</p>

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azacitidine Onureg® SMC2533	Maintenance therapy in adult patients with acute myeloid leukaemia who achieved complete remission or complete remission with incomplete blood count recovery following induction therapy with or without consolidation treatment and who are not candidates for, including those who choose not to proceed to, haematopoietic stem cell transplantation.	Routinely available in line with local or regional guidance	21/08/2023
baricitinib Olumiant® SMC2572	For the treatment of severe alopecia areata in adult patients.	Not routinely available as not recommended for use in NHSScotland	21/08/2023
belumosudil Rezurock® SMC2583	Treatment of patients aged 12 years and older with chronic graft-versus-host disease (chronic GvHD) who have received at least two prior lines of systemic therapy.	Routinely available in line with national guidance	21/08/2023
dapagliflozin Forxiga® SMC2577	In adults for the treatment of symptomatic chronic heart failure with left ventricular ejection fraction (LVEF) >40%.	Routinely available in line with national guidance	21/08/2023

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Dermatophagoides pteronyssinus and Dermatophagoides farina Acarizax SMC2613	<ul style="list-style-type: none"> •Adult patients (18-65 years) diagnosed by clinical history and a positive test of house dust mite sensitisation (skin prick test and/or specific IgE) with at least one of the following conditions: <ul style="list-style-type: none"> - persistent moderate to severe house dust mite allergic rhinitis despite use of symptom-relieving medication - house dust mite allergic asthma not well controlled by inhaled corticosteroids and associated with mild to severe house dust mite allergic rhinitis. Patients' asthma status should be carefully evaluated before the initiation of treatment - Adolescents (12-17 years) diagnosed by clinical history and a positive test of house dust mite sensitisation (skin prick test and/or specific IgE) with persistent moderate to severe house dust mite allergic rhinitis despite use of symptom-relieving medication. 	Not routinely available as not recommended for use in NHSScotland	21/08/2023
icosapent ethyl Vazkepa® SMC2602	To reduce the risk of cardiovascular events in adult statin-treated patients at high cardiovascular risk with elevated triglycerides (≥ 1.7 mmol/L) and established cardiovascular disease, or diabetes, and at least one other cardiovascular risk factor.	Routinely available in line with national guidance	21/08/2023
Pemetrexed NCMAG109	Pemetrexed in combination with cisplatin as adjuvant treatment for patients with completely resected stage IIA to IIIA non-squamous, non-small-cell lung cancer	Routinely available in line with national guidance	21/08/2023

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<p>polatuzumab vedotin</p> <p>Polivy®</p> <p>SMC2524</p>	<p>In combination with bendamustine and rituximab for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) who are not candidates for haematopoietic stem cell transplant (HSCT).</p>	<p>Routinely available in line with local or regional guidance</p>	<p>21/08/2023</p>
<p>ropeginterferon alfa-2b</p> <p>Besremi®</p> <p>SMC2563</p>	<p>Monotherapy in adults for the treatment of polycythaemia vera without symptomatic splenomegaly</p>	<p>Not routinely available as not recommended for use in NHSScotland</p>	<p>21/08/2023</p>
<p>Selumetinib</p> <p>Koselugo®</p> <p>SMC2540</p>	<p>as monotherapy for the treatment of symptomatic, inoperable plexiform neurofibromas (PN) in paediatric patients with neurofibromatosis type 1 (NF1) aged 3 years and above.</p>	<p>Not routinely available as not recommended for use in NHSScotland</p>	<p>21/08/2023</p>
<p>tezepelumab</p> <p>Tezspire®</p> <p>SMC2541</p>	<p>as an add-on maintenance treatment in adults and adolescents 12 years and older with severe asthma who are inadequately controlled despite high dose inhaled corticosteroids plus another medicinal product for maintenance treatment.</p>	<p>Routinely available in line with local or regional guidance</p>	<p>21/08/2023</p>

Medicine	Condition being treated	NHSGGC Decision	Date of decision
tixagevimab plus cilgavimab Evusheld® SMC2580	Pre-exposure prophylaxis of COVID-19 in adults who are not currently infected with SARS-CoV-2 and who have not had a known recent exposure to an individual infected with SARS-CoV-2 and: - who are unlikely to mount an adequate immune response to COVID-19 vaccination or - for whom COVID-19 vaccination is not recommended.	Not routinely available as not recommended for use in NHSScotland	21/08/2023