ADTC (M) 26/04
Minutes 41 - 51

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Area Drugs and Therapeutics Committee
held on 17 August 2026 at 2.00 pm
via Microsoft Teams

PRESENT

Dr Scott Muir (in the Chair)

Ronnie Burns	Ishtiaq Mohammed
Colette Bryne	Elaine Paton
Ewan Gray	Rob Puckett
Roger Hardman	Faria Qureshi
Lynsay Lawless	Gwen Shaw
Elaine McIvor	Lee Stewart
Gerard McKay	Amit Verma
Mairi Anne McLean	

IN ATTENDANCE

Helen Farmer	Vice Chair of Non-Medicines Utilisation (observing)
Ross Jack	Secretariat Officer (Minutes)

			ACTION BY
41.	**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**		
42.	**WELCOME AND APOLOGIES**		
	The Chair welcomed those present to the August 2026 meeting of the Area Drugs and Therapeutics Committee. Apologies were recorded from:		

			ACTION BY
	• Sam Carmichael • Craig Harrow • Peter Kewin • Fiona Thomson **NOTED**		
43.	**MINUTES OF PREVIOUS MEETING**		
a)	**Minutes of the Meeting held on 8 June 2026** The Committee considered the minutes of the meeting held on Monday 8 June 2026 [ADTC(M)36/03] and were content to accept these as an accurate record. Following previous discussions at the June meeting Roger Hardman asked whether any feedback had been received from Dermatology in relation to the inclusion of Epimax® on the West of Scotland Regional Formulary as an emollient of choice. Ishtiaq Mohammed confirmed that he had provided feedback to the Dermatology team and while they continued to have concerns about the inclusion of Epimax®, they had accepted the decision acknowledging that this had been agreed by consensus across the West of Scotland NHS Boards. **APPROVED**		
b)	**Decisions Summary 8 June 2026** The Committee were content to note the Decision Summary from 8 June 2026 [Paper 26/25] presented for awareness. **NOTED**		
44.	**MATTERS ARISING**		
	There were no matters arising raised by the Committee. **NOTED**		
45.	**NEW MEDICINES FOR CONSIDERATION**		
(i)	**Report on Product Assessments** The Committee considered Paper 26/36 presented by Ishtiaq Mohammed for approval. Members were asked to declare any interests specific or non-specific, personal or non-personal, on any of the medicines being		

			ACTION BY
	discussed on an individual basis. There were no declarations made. Ishtiaq Mohammed said that a number of medicines would no longer require local decision-making as oncology medicines are referred to RCAG PASG and other medicines would be reviewed by the West of Scotland Regional Formulary Committee for therapeutic conditions where a Regional Formulary chapter was live or under development. The Committee noted the latest medicines advice that had been issued by the SMC and if these would be considered, locally after receiving local clinical expert responses, by RCAG-PASG or by the West of Scotland Regional Formulary Committee. The medicines requiring local expert feedback were expected to return to the Committee for further discussion at the October meeting. The Committee noted medicines that had not been recommended for use by the SMC after an assessment by the SMC or due to a company non-submission. The Committee discussed the SMC advice and local expert responses relating to the use of dupilumab (Dupixent®) for use in adults with severe chronic rhinosinusitis with nasal polyps. The Committee agreed to including dupilumab on the GGC Total Formulary for specialist use only in line with the SMC restrictions for use. Oncology medicines that were supported for use by RCAG-PASG were noted by the Committee. Medicines that had been accepted for use by the West of Scotland Regional Formulary Committee and added to the Regional Formulary were noted – • Nemolizumab (Nemluvlo®) for the treatment of moderate to severe atopic dermatitis was accepted for specialist use only in line with SMC advice. • Sotatercept (Winrevair®) for the treatment of pulmonary arterial hypertension with WHO functional class II to III was accepted for specialist use only in line with SMC advice. • Alyftrek® (deutivacaftor + tezacaftor + vanzacaftor) for the treatment of cystic fibrosis was accepted for specialist use only in line with SMC advice. The Committee noted that exagamglogene autotemcel (Casgevy®) for the treatment of sickle cell disease remained deferred while further local discussions take place. The medicine had been added to the national ultra-orphan risk share scheme for the treatment of sickle cell disease in June 2026.		

			ACTION BY
	The Committee noted that significant discussions had taken place at the recent WoS Regional Formulary Committee meeting on the use of semaglutide (Wegovy) for reducing the risk of major cardiovascular events in patients with established cardiovascular disease. The Regional Formulary Committee had not reached a decision on adding semaglutide to the Regional Formulary. The matter was being escalated to ADTCs for further discussion with consideration given to establishing a short-life working group. After lengthy discussions the Committee agreed to supporting the establishment of a Regional short life working group to further discuss the financial and service impact on the use of semaglutide and how equitable roll out across all the Health Boards would be managed. **APPROVED**		
46.	**ADTC SUMCOMMITTEE SIX MONTHLY REPORTS**		
a)	**Safer Use of Medicines Sub Committee** The Committee considered paper 26/27 presented by Gerry McKay for assurance. Gerry McKay highlighted that the Subcommittee's workload had been increasing over time and four meetings per year may not be sufficient to cover the full range of business. In response to a query, Colette Byrne confirmed that the work relating to sodium valproate prescribing and monitoring had been handed over to the Safer Use of Medicines Subcommittee and was scheduled for discussion at the September meeting. Chairs of the relevant governance committees had been asked to complete an annual assurance template and any concerns identified through that process would be escalated or investigated as appropriate with further support provided where required. This reflected the ongoing assurance and oversight role associated with national patient safety alerts and this ongoing assurance was likely to feature more prominently in the future workplan of the Subcommittee. The Committee were assured by the update. ASSURED		
b)	**Communications Sub Committee** The Committee considered paper 26/28 presented by Elaine McIvor for assurance.		

			ACTION BY
	Elaine McIvor said much of the work over the last six months had focused on reviewing and updating existing website blogs. A four-year expiry period had been introduced several years ago to help ensure that the content remained current and a number of blogs had therefore come up for review. This included updates to the Parkinson's disease blog as well as work on the PPI, iron deficiency anaemia and opioid blog series. Promotion of blogs had continued through notifications in the GGC Medicines app. When notifications were issued for updated guidelines, additional information was included to highlight the availability of blogs in the app particularly for junior doctors. Two in-person promotional events had taken place. In March, a stand was hosted at Glasgow Royal Infirmary and during the recent resident doctor induction session a stand was hosted at the Queen Elizabeth University Hospital. Data was included in the report on the most popular blogs over the six-month period and the cholesterol guideline update blog was the most popular. An author survey continued to be issued to contributors; feedback remained relatively positive and any issues raised through the survey had been reviewed. There had been recent discussions on member engagement noting that some members were more active than others and it was suggested that the terms of reference could more clearly set out the responsibilities associated with committee membership, including the need to share workload appropriately which may also may be a useful point to consider as part of the wider ADTC subcommittee review. Elaine McIvor said that the application to move the existing Board-approved social media account to Instagram had been outstanding since the beginning of the year. Although the account was already Board-approved and the request was only to move to a different platform, the group had been advised that the full approval process was still required. It was agreed that if no response was received soon this matter would be escalated. The Committee also noted that there had been challenges in relation to the multi-disciplinary membership of the Communications Subcommittee. The Committee were assured by the update. **ASSURED**		
47.	**ADTC SUBCOMMITTEE UPDATES**		
a)	**Antimicrobial**		

			ACTION BY
	The Committee received a verbal update from Lee Stewart. The next meeting was scheduled for September, and feedback would be provided in October. Lee Stewart advised the staff areas bacteraemia guideline was being reviewed, and the revised guidance was expected to recommend cefazolin as first-line treatment in preference to flucloxacillin. This was approved by the West of Scotland Formulary last week acknowledging the unlicensed indication. This guidance would now be updated and brought back to the Committee once there was greater clarity on how cefazolin will be targeted within GGC. The Committee asked whether the potential financial impact on GGC of switching from flucloxacillin to cefazolin could be calculated using contract prices rather than national list prices. Lee Stewart agreed to investigate this for a future update. The Antimicrobial Pharmacy Team had noted an increase in the number of C. difficile infection cases referred for review. This had been highlighted and updated figures would be provided at the September meeting. In response to a query about communications, Lee Stewart explained that further work was required before implementation but there would be awareness-raising through blogs and HEPMA messages. Lee Stewart confirmed that updated GGC guidance would need to be cross-referenced with West of Scotland guidance to ensure alignment or to clearly document any justified differences and the Therapeutics Handbook guidance was being reviewed with the aim of ensuring all updates are aligned. The Committee were content to note the update provided. **NOTED**		
b)	**Patient Group Directive** The Committee received a verbal update from Elaine Paton. Elaine Paton advised that the Group had not met since the previous ADTC meeting and its next meeting was scheduled for the following Wednesday. An action from the last ADTC meeting was to bring forward the next draft of the PGD which related to the use of human normal immunoglobulin for further consideration. The proposed approach would allow eligible contacts to receive immunoglobulin		

			ACTION BY
	alongside vaccination through community clinics rather than requiring attendance with Infectious Diseases colleagues. Elaine Paton reported that the draft had been reviewed with Dr Daniel Carter, Public Health Consultant, and with a number of specialties that used immunoglobulin to ensure the content was accurate and clinically robust. The development group had been content with the draft subject to one minor wording clarification. The draft PGD would be considered again by the subcommittee at its meeting on Wednesday. Members were invited to provide any further comments in advance so these could be taken into account. The Committee were content to note the update. **NOTED**		
c)	**Medicines Utilisation Subcommittee** Amit Verma advised that the Subcommittee had not met since the last meeting of the ADTC, and a full update would be provided at the October meeting. **NOTED**		
d)	**Non-Medicines Utilisation Subcommittee** Mari-Anne McLean advised that the Subcommittee was due to meet tomorrow. It was noted that Helen Farmer had taken up the position of Vice Chair of the Subcommittee. **NOTED**		
e)	**Prescribing Interface** Roger Hardman advised that there was no update from the Subcommittee. The Committee were content to note the update. **NOTED**		
48.	**HEPMA Progress Report**		
	The Committee considered paper 26/29 presented by Rob Pucket for awareness. Rob Pucket said that the main area of focus was the discussion on the Immediate Discharge Letter (IDL) process with the preferred option to move away from the current portal-based system and manage medicines within HEPMA. Work was		

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	progressing on this along with the HEPMA system upgrade. In response to a query, Rob Pucket acknowledged that the available data indicated a high level of errors with manual transcription highlighted as a major contributor to this which was a key driver for moving away from the portal. In response to a further query, he advised that the intention was for the IDL to look as similar as possible to the current format and potentially improved. Any necessary changes to the presentation of medicines would be worked through and discussed with the primary care groups. The Committee were content to note the update. NOTED		
48.	**ADTC Collaborative Update**		
	Faria Qureshi said that the ADTC Collaborative had not met since the last meeting and an update from the forthcoming meeting on 26 August 2026 would be provided to the next meeting of the Committee. A recent ADTC Collaborative newsletter had been issued and Faria Qureshi would ensure that this was circulated. The Committee were content to note the update. **NOTED**		
48.	**ADTC Subcommittee Review**		
	The Committee considered Paper 26/30 presented by Faria Qureshi for discussion. Faria Qureshi outlined the feedback from the review which was grouped into three broad themes: governance and ways of working; communication and information sharing; and sustainability of ADTC and subcommittee membership. There was a need for greater clarity on how information flowed between the ADTC, its subcommittees and wider governance structures. The Medicines Advisory structure had been updated the previous year and there needed to be reassurance that these reporting arrangements were working as intended and that information was flowing effectively in both directions. A consistent theme was the importance of strengthening collaboration between subcommittees reducing duplication and improving alignment. Membership sustainability was also key to ensure the right mix of professions, expertise and experience was represented and involving people earlier in their careers would help with that as well as giving consideration to protected time, incentives or other forms of support. The importance of nursing representation was highlighted, particularly in relation to the safe		

			ACTION BY
	use of medicines. The virtual hospital was also identified as an area where future membership and expertise may need to evolve. Concerns were raised about the limited attendance of clinical directors and specialist representatives from some areas although it was noted that specialist advice was often sought through established networks before medicines were discussed at ADTC. Members considered how the ADTC's future focus may need to change as regional formulary arrangements developed and the volume of new SMC medicine advice considered locally reduced. Potential areas for increased focus included medicines safety, quality improvement, prescribing support, communication and collaboration across subcommittees. Learning would be sought from other ADTCs to understand how committees elsewhere were adapting to regional formulary arrangements. It was suggested that future reports could include a specific prompt to identify opportunities for collaboration to ensure that links between subcommittees were considered routinely and discussed where relevant at future meetings. The Committee were content to note the update. **NOTED**		
49.	**Pharmacy First List Amendments**		
	The Committee considered Paper 26/31 presented by Ishtiaq Mohammed for discussion. Ishtiaq Mohammed discussed the proposed changes to the Pharmacy First approved list. Following discussions the Committee confirmed which changes they did or did not support. Ishtiaq Mohammed agreed to feeding back comments to the ADTC Collaborative on behalf of the Committee. **NOTED**		
49.	**WoS Regional Formulary**		
	The Committee considered Paper 26/32 presented by Ishtiaq Mohammed for noting. Ishtiaq Mohammed said that six chapters were now live on the West of Scotland Formulary website. The CNS chapter had been divided into six subgroups and were at various stages of review. The next chapters scheduled for review were the musculoskeletal chapter and the obstetrics, gynaecology and urinary tract disorders chapter. Initial meetings for these chapters were expected to take place in September.		

			ACTION BY
	A brief update was provided on discussions relating to business-as-usual. The Regional Formulary team had funding in place until next April, however, it was recognised that a review of all chapters were unlikely to be completed within that timeframe. Further discussion was required to confirm what the future model for maintaining the Regional Formulary would look like. and whether there would be a central team supporting the Formulary development or whether responsibility will return to individual NHS Board formulary teams. I Mohammed confirmed he would update the Committee with further developments in relation to business-as usual at future meetings. The Committee were content to note the update provided. **NOTED**		
49.	**Human Normal Immunoglobulin (HNIG) PGD for Hepatitis A Contacts**		
	Paper 26/44 presented by Elaine Paton for discussion had been discussed as part of Item 47b. **NOTED**		
50.	**Any Other Business**		
a)	**2026/27 Meeting Dates** The Committee considered Paper 26/34 and were content to approve the meeting dates for 2026/27 subject to Ross Jack confirming that support would be available from the secretariat team for the February 2027 meeting. **NOTED**		
51.	**Date and Time of Next Scheduled Meeting**		
	The next meeting would take place on Monday 19 October 2026 at 2.00 pm via MS Teams.		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **17/08/2026**

benralizumab

SMC2870

Fasenra® 0

Indication:

Add-on treatment for adult patients with relapsing or refractory eosinophilic granulomatosis with polyangiitis (EGPA).

ADTC Discussion points

17/08/26 - If interest in prescribing, Formulary submission will be considered via WoS Regional Formulary process.

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:

07/12/2026

Local restrictions on use:

Dermatophagoides pteronyssinus, Dermatophagoides farinae

SMC2885

Acarizax® 0

Indication:

Treatment of adult patients (18-65 years) diagnosed by clinical history and a positive test of house dust mite sensitisation (skin prick test and/or specific immunoglobulin E (IgE) with at least one of the following conditions:
• 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.

ADTC Discussion points

17/08/26 - Awating feedback from local clinical experts

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:

19/10/2026

Local restrictions on use:

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fezolinetant

SMC2898

Veoza® 0

Indication:

Treatment of moderate to severe vasomotor symptoms (VMS) associated with menopause.

ADTC Discussion points

17/08/26 - If interest in prescribing, Formulary submission will be considered via WoS Regional Formulary process.

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:

07/12/2026

Local restrictions on use:

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levodopa, carbidopa, entacapone

SMC2876

Lecigon® 0

Indication:

Treatment of advanced Parkinson's disease with severe motor fluctuations and hyperkinesia or dyskinesia when available oral combinations of Parkinson medicinal products have not given satisfactory results.

ADTC Discussion points

17/08/26 - If interest in prescribing, Formulary submission will be considered via WoS Regional Formulary process.

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:

07/12/2026

Local restrictions on use:

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sodium zirconium cyclosilicate

SMC2884

Lokelma® 0

Indication:

Treatment of hyperkalaemia in adult patients

ADTC Discussion points

17/08/26 - Awaiting response from local clinical experts

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:

19/10/2026

Local restrictions on use:

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upadacitinib

SMC2879

Rinvoq®

0

Indication:

Treatment of giant cell arteritis in adult patients

ADTC Discussion points

17/08/26 - If interest in prescribing, Formulary submission will be considered via WoS Regional Formulary process.

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:

07/12/2026

Local restrictions on use:

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zilucoplan

SMC2955

Zilbrysq®

0

Indication:

As an add-on to standard therapy for the treatment of generalised myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive.

ADTC Discussion points

17/08/26 - If interest in prescribing, Formulary submission will be considered via WoS Regional Formulary process.

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:

07/12/2026

Local restrictions on use:

Arsenic trioxide, all-trans retinoic acid (ATRA [tretinoin])

NCMAG127

0

Indication:

Treatment of high-risk acute promyelocytic leukaemia

ADTC Discussion points

17/08/26: 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:

19/10/2026

Local restrictions on use:

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cabozantinib

SMC2967

Cabozantinib I 0

Indication:

Treatment of adult patients with unresectable or metastatic, well-differentiated extra-pancreatic (epNET) and pancreatic (pNET) neuroendocrine tumours who have progressed following at least one prior systemic therapy other than somatostatin analogues.

ADTC Discussion points

17/08/26: Referred to RCAG-PASG for expert advise.

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:
19/10/2026

Local restrictions on use:

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dostarlimab

SMC2953

Jemperli® 0

Indication:

In combination with platinum-containing chemotherapy for the treatment of adult patients with primary advanced or recurrent endometrial cancer and who are candidates for systemic therapy.

ADTC Discussion points

17/08/26: 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:
19/10/2026

Local restrictions on use:

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durvalumab

SMC2880

Imfinzi® 0

Indication:

In combination with gemcitabine and cisplatin as neoadjuvant treatment, followed by durvalumab as monotherapy adjuvant treatment after radical cystectomy, for the treatment of adults with resectable muscle invasive bladder cancer (MIBC).

ADTC Discussion points

17/08/26: Use supported by RCAG-PASG. Updated protocol approved.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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glofitamab

SMC2846

Columvi®

0

Indication:

In combination with gemcitabine and oxaliplatin for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma not otherwise specified (DLBCL NOS) who are ineligible for autologous stem cell transplant (ASCT).

ADTC Discussion points

17/08/26: 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:
19/10/2026

Local restrictions on use:

Pazopanib

NCMAG128

0

Indication:

Soft tissue sarcoma

ADTC Discussion points

17/08/26: 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:
19/10/2026

Local restrictions on use:

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tebentafusp

SMC2910

Kimmtrak®

0

Indication:

Monotherapy for the treatment of human leukocyte antigen (HLA)-A*02:01-positive adult patients with unresectable or metastatic uveal melanoma

ADTC Discussion points

17/08/26: 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:
19/10/2026

Local restrictions on use:

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efgartigimod alfa

SMC2964

0

Indication:

Monotherapy for the treatment of adult patients with progressive or relapsing active chronic inflammatory demyelinating polyneuropathy (CIDP) after prior treatment with corticosteroids or immunoglobulins

ADTC Discussion points

17/08/26: Not recommended by SMC for this indication - Company non-submission

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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elinzanetant

SMC2965

Lynkuet®

0

Indication:

Treatment of moderate to severe vasomotor symptoms (VMS) associated with menopause.

ADTC Discussion points

17/08/26: Not recommended by SMC for this indication - Company non-submission

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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lutetium, vipivotide tetraxetan

SMC2966

Pluvicto®

0

Indication:

Treatment of adult patients with prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer (mCRPC) who have progressed on or after treatment with androgen receptor pathway inhibitor (ARPI) therapy and are considered appropriate to delay taxane-based chemotherapy

ADTC Discussion points

17/08/26: Not recommended by SMC for this indication - Company non-submission

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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avapritinib

SMC2849

Ayvakyt® 0

Indication:

Monotherapy for the treatment of adult patients with aggressive systemic mastocytosis (ASM), systemic mastocytosis with an associated haematological neoplasm (SM-AHN), or mast cell leukaemia (MCL).

ADTC Discussion points

17/08/26: Not recommended by SMC for this indication.

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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amivantamab

SMC2834

Rybrevant® 0

Indication:

In combination with lazertinib for the first line treatment of adult patients with advanced non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) Exon 19 deletions or Exon 21 L858R substitution mutations.

ADTC Discussion points

17/08/26: Use supported by RCAG-PASG. Treatment protocol updated.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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dupilumab

SMC2851

Dupixent® 0

Indication:

As an add-on therapy with intranasal corticosteroids for the treatment of adults with severe chronic rhinosinusitis with nasal polyps for whom therapy with systemic corticosteroids and/or surgery do not provide adequate disease control.

ADTC Discussion points

17/08/26 -To be used in line with SMC advice in patients who remain symptomatic after nasal surgery. Patients will be reviewed after 24 weeks and if no improvement in symptoms treatment will be stopped. No additional resource or service impact identified.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

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durvalumab

SMC2818

Imfinzi® 0

Indication:

Monotherapy for the treatment of adults with limited-stage small cell lung cancer (LS-SCLC) whose disease has not progressed following platinum-based chemoradiation therapy.

ADTC Discussion points

17/08/26: Use supported by RCAG-PASG. Treatment protocol updated.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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enfortumab vedotin

SMC2842

Padcev® 0

Indication:

In combination with pembrolizumab, for the first-line treatment of adult patients with unresectable or metastatic urothelial cancer who are eligible for platinum-containing chemotherapy.

ADTC Discussion points

17/08/26: Use for this indication supported by RCAG-PASG.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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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

17/08/26: Use supported by RCAG-PASG. Treatment protocol updated.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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nemolizumab

SMC2833

Nemluvio® 0

Indication:

Treatment of moderate-to-severe atopic dermatitis in combination with topical corticosteroids and/or calcineurin inhibitors in adults and adolescents 12 years and older with a body weight of at least 30 kg, who are candidates for systemic therapy.

ADTC Discussion points

17/08/26: Accepted for use by the West of Scotland Regional Formulary Committee on 23/06/26.
1st line alternative to other listed biologic options.
Included on the West of Scotland Regional Formulary.
Specialist use only.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

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sotatercept

SMC2923

Winrevair® 0

Indication:

In combination with other pulmonary arterial hypertension (PAH) therapies, for the treatment of PAH in adult patients with WHO Functional Class (FC) II to III, to improve exercise capacity.

ADTC Discussion points

17/08/26: Accepted for use by the West of Scotland Regional Formulary Committee on 23/06/26.
Included on the West of Scotland Regional Formulary.
Specialist use only.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

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talquetamab

SMC2863

Talvey® 0

Indication:

Monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma, who have received at least 3 prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy

ADTC Discussion points

17/08/26 - Use supported by RCAG-PASG.Treatment protocol to be updated.
Will predominantly be used in the 4th line setting, with earlier use considered on a case-by-case basis through regional MDT discussion.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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vanzacaftor, tezacaftor, deutivacaftor

SMC2800

Alyftrek® 0

Indication:

Treatment of cystic fibrosis (CF) in people aged 6 years and older who have at least one F508del mutation or another responsive mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene

ADTC Discussion points

17/08/26: Accepted for use by the West of Scotland Regional Formulary Committee on 23/06/26.
Included on the West of Scotland Regional Formulary.
Specialist use only.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

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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
16/02/26 - No further progress on regional model since last meeting. Remain deferred
20/04/26 - No further progress on regional model since last meeting. Remain deferred
08/06/26 - Remain deferred.
17/08/26 - 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:

07/12/2026

Local restrictions on use:

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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.
16/02/26 - No further update, Remain deferred.
20/04/26 - No further update, Remain deferred.
08/06/26 - No further update, Remain deferred.
17/08/26 - Remains deferred. Will be escalated to Cancer Medicines Access Group for further discussion.

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:

07/12/2026

Local restrictions on use:

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cabozantinib

SMC2754

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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
08/12/2025 - Remain deferred. RCAG - PASG still awating Formulary submission from experts.
16/02/26 - Remain deferred. RCAG - PASG still awating Formulary submission from experts.
20/04/26 - Remain deferred. RCAG - PASG still awaiting Formulary submission from experts.
08/06/26 - No further update, Remain deferred.
17/08/26 - Remain deferred. RCAG-PASG still awaiting Formulary submission from experts.

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:

07/12/2026

Local restrictions on use:

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capsaicin

SMC2861

Qutenza® 0

Indication:

Treatment of peripheral neuropathic pain in adults either alone or in combination with other medicinal products for the treatment of pain

ADTC Discussion points

08/06/26: If support for using for the stated indication, formulary application to be considered by the West of Scotland Regional Formulary Committee.
17/08/26: Formulary application will be consdered by the WoS 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:
07/12/2026

Local restrictions on use:

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exagamglogene autotemcel

SMC2852

Casgevy® 0

Indication:

Treatment of sickle cell disease in patients 12 years of age and older with recurrent vaso-occlusive crises who have the βS/βS, βS/β+ or βS/β0 genotype, 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

16/02/26 - Awaiting feedback from local specialists
20/04/26 - Still awaiting feedback from local specialists
08/06/26 - Contractural arrangements with the pharma company are now in place but further work is still required locally to develop processes for service delivery.
Aug 26: NHSGGC is undertaking onboarding work with the pharmaceutical company and is expected to act as the national centre for this treatment, with associated service implications. Awaiting board appoval for service delivery and funding. Indication has been added to the national risk share register for ultra-orphan drugs. 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:
19/10/2026

Local restrictions on use:

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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

08/12/25 - Referred to RCAG-PASG for expert advice
16/02/26 - Implementation paused until service delivery and regional working options are clarified. RCAG-PASG decision expected by August 2026.
20/04/26 - RCAG-PASG decision expected by August 2026.
08/06/26 - No further update, Remain deferred.
17/08/26 - Remain deferred. Escalated to Cancer Medicines Access Group for further discussion.

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:
07/12/2026

Local restrictions on use:

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semaglutide

SMC2872

Wegovy® 0

Indication:

As an adjunct to a reduced-calorie diet and increased physical activity to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight (BMI ≥27 kg/m2)

ADTC Discussion points

08/06/26: If support for using for the stated indcation, formulary application to be considered by the West of Scotland Regional Formulary Committee.
17/08/26: Formulary application will be consdered by the Regional Formulary Committee. 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:
07/12/2026

Local restrictions on use:

Semaglutide

SMC2497

Wegovy 0

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.
06/10/25 - Remain deferred. Local delivery plans still being finalised
16/02/26 - Remain deferred. Local delivery plans still being finalised
08/06/26 - Corporate Management Team considering options to access medication.
17/08/26: No further update. 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:
19/10/2026

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® 0

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.
06/10/25 - Remain deferred. Local delivery plans still being finalised
17/02/26 - Remain deferred. Local delivery plans still being finalised
08/06/26 - Corporate Management Team considering options to access medication.
17/08/26: No further update. 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:
19/10/2026

Local restrictions on use:

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zolbetuximab

SMC2839

Vyloy® 0

Indication:

In combination with fluoropyrimidine- and platinum-containing chemotherapy, for the first-line treatment of adult patients with locally advanced unresectable or metastatic human epidermal growth factor receptor 2 (HER2)-negative gastric or gastro-oesophageal junction (GEJ) adenocarcinoma whose tumours are Claudin (CLDN) 18.2 positive.

ADTC Discussion points

16/02/26 - Discussed by RCAG-PASG. Unresolved questions around testing, administration and preparation. Decision deferred until risk assesment undertaken.
20/04/26 - Still awaiting risk assessment to be completed.
08/06/26 - No further update, Remain deferred.
17/08/26 - Remain deferred. Escalated to Cancer Medicines Access Group for further discussion.

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:

07/12/2026

Local restrictions on use: