ADTC (M) 25/05
Minutes 56 - 68

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Area Drugs and Therapeutics Committee
held on Monday 06 October 2025 at 2.00pm
via Microsoft Teams

PRESENT

Dr Scott Muir (in the Chair)

Ronnie Burns	Mairi-Anne McLean
Maureen Byrne	Ishtiaq Mohammed
Samantha Carmichael	Aileen Muir
Roger Hardman	Elaine Paton
Ewan Gray	Fiona Robb
Jane Hall	Faria Qureshi
Colin Mason	Amit Verma
Gerry McKay	Janice Watt

IN ATTENDANCE

Ross Jack	Secretariat Officer (Minute from recording)
Louise Russell	Secretariat Manager

			ACTION BY
56.	**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**		
57.	**WELCOME AND APOLOGIES**		

			ACTION BY
	The Chair welcomed those present to the October 2025 meeting of the Area Drugs and Therapeutics Committee and welcomed Ewan Gray to the committee Apologies for absence were noted on behalf of: - Michael Fail - Peter Kewin - Kay McAllister - Elaine McIvor The committee were advised that the meeting would be recorded for the purposes of minute taking then removed from the Teams portal and deleted. The committee were content with this. **NOTED**		
58.	**MINUTES OF PREVIOUS MEETING**		
a)	The Committee considered the minute of the meeting [ADTC(M)25/04] held on Monday, 18 August 2025 and were content to accept these as an accurate record. **APPROVED**		
b)	**Decisions Summary: 18 August 2025** The Committee were content to note the Decision Summary [Paper 25/32] from 18 August 2025. **NOTED**		
59.	**MATTERS ARISING**		
	• An update was provided on the Paediatric Drugs and Therapeutics Committee with the chair noting he had reached out to Dr Claire Harrow on how best to proceed. After contact with Dr Alan Mathers, he confirmed this committee was being re-established. • Eplontersen – The Committee noted that the National Services Directorate (NSD) had stated a decision on whether eplontersen would be added to the ultra-orphan national risk share scheme would not be confirmed prior to		

			ACTION BY
	financial year 2026/27. The Committee agreed to keeping eplontersen on the deferred list for the time being. **NOTED**		
60.	**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. Gerard McKay declared a personal, non-specific interest in both semaglutide and tirzepatide. **NOTED**		
61.	**WEST OF SCOTLAND CANCER NETWORK PRESCRIBING ADVISORY SUBGROUP REPORTS**		
	The Chair advised that [Paper 25/34] had been provided for noting purposes. The Committee were content to note the update. **NOTED**		
62.	**ADTC SUMCOMMITTEE SIX MONTHLY REPORTS**		
	a) Medicines Utilisation Subcommittee		
	Dr. Amit Verma presented the paper 'Medicines Utilisation Subcommittee Six Monthly Report' [Paper 25/35]. Dr. Verma highlighted the committee's substantial workload and ongoing efforts to review multiple clinical guidelines per meeting, manage appeals, and conduct audits on high-cost drugs. Key challenges included integrating updates into the therapeutics handbook and clarifying guideline implementation processes. Dr Ronnie Burns raised concerns about the lack of clarity and support in publishing guidelines, noting the absence of MCN co-ordinators had led to a loss of institutional knowledge and made the process opaque.		

			ACTION BY
	Dr Scott Muir highlighted that the Clinical Guidelines User Group, chaired by Dr. Kirsty Proctor, was working to address these issues and improve guideline management and publication pathways. The Committee were content to note the update. **NOTED**		
	b) Non- Medicines Utilisation Subcommittee		
	Ms Mari-Anne McLean presented the paper 'Non-Medicines Utilisation Subcommittee Six Monthly Report' [Paper 25/36]. Ms McLean reported strong engagement from members, with the subcommittee currently reviewing several formularies and addressing outdated clinical guidelines, some of which lacked lead authors, prompting consideration of linking with Dr. Kirsty Proctor for support. A key focus had been improving formulary compliance reporting, and a draft dashboard had been introduced to help track and validate compliance data. While some areas, like specialist nutrition, showed high compliance, others such as stoma and urology faced challenges due to supply issues and ongoing reviews. The Committee were content to note the update. **NOTED**		
	c) Antimicrobial Utilisation Subcommittee		
	Ms Fiona Robb presented the paper 'Antimicrobial Utilisation Subcommittee Six Monthly Report' [Paper 25/37]. Ms Robb noted that the subcommittee continued to meet regularly but was currently without a lead antimicrobial pharmacist, though recruitment was underway. The subcommittee was actively working towards UK and Scottish antimicrobial targets aimed at reducing overall antibiotic use and increasing use of WHO-recommended agents. The OPAT service was expanding to GRI, with recruitment underway and operations expected to mirror existing services at the QEUH and RAH. Ms Robb addressed the ongoing global shortage of Rifampicin and other tuberculosis medicines, noting that NHSGGC had proactively secured unlicensed stock to ensure patient care continuity. Prescriptions were being managed through secondary		

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	care to monitor supply, while national procurement efforts were beginning to improve availability. The Committee were content to note the update. **NOTED**		
63.	**ADTC SUBCOMMITTEE UPDATES**		
	a) Communications Subcommittee No member was present to provide an update. **NOTED**		
	b) Safer Use of Medicines Subcommittee No member was present to provide an update. **NOTED**		
	c) Prescribing Interface Subcommittee No verbal update was provided. **NOTED**		
	d) Patient Group Directive Ms Elaine Paton provided a verbal update, noting there was an important consultation underway regarding changes to the Human Medicines Regulations. The proposed changes aimed to make permanent some temporary COVID-era arrangements, including replacing national vaccine protocols with VGDs. Public Health Scotland would author these VGDs, which would then pass through local board governance via the PGD Subcommittee, although boards would not be permitted to alter them. Ms Paton highlighted that this change could introduce an additional layer of governance for adult vaccination programmes, excluding childhood immunisations. The consultation outcome was pending, and further updates were expected in December. **NOTED**		
64.	**PROGRESS UPDATES**		

			ACTION BY
	a) WoS REGIONAL FORMULARY Mr Ishtiaq Mohammed presented the paper 'WoS Regional Formulary Update' [Paper 25/38] Mr Mohammed reported that engagement from NHSGGC in chapter reviews was reasonable with an average of 4-5 attendees from across primary care and the acute setting attending each chapter review meeting. Once chapter updates were finalised, draft versions would be circulated for consultation across health boards. The committee were asked to consider whether it wished to review these drafts or defer to the Medicines Utilisation Committee. Dr Ronnie Burns shared feedback from the cardiovascular expert working group, expressing concern that primary care representatives were being drawn into discussions focused on existing therapies rather than new drugs, which were more relevant to their role. Dr Burns suggested that GP involvement should be prioritised when new SMC products were being considered. Mr Ewan Gray raised concerns about the lack of unified clinical guidelines across health boards, with Ms Janice Watt questioned whether the regional formulary would narrow medicine choices, which could impact practice. Mr Mohammed clarified that while initial meetings were focused on compiling broad lists, the second phase was intended to refine these through treatment pathways, which should naturally reduce the number of included drugs. **NOTED**		
	b) Nominations for the Regional Formulary Committee Mr Ishtiaq Mohammed presented the paper 'Regional Formulary Committee' [Paper 25/39] The paper outlined the formation of a new Regional Formulary Committee, which would be responsible for reviewing final chapter versions and considering new SMC advice, ultimately deciding on formulary status and categorisation. Each health board was asked to nominate members, with the first meeting scheduled for the week commencing 24th November and recurring bi-monthly via Teams. Discussions followed around representation, particularly from the GP Subcommittee and LMC, with Dr. Maureen Byrne emphasising the need for funded GP involvement and clarity on the		

			ACTION BY
	number of GP slots. Dr Scott Muir and others agreed that a mix of acute and primary care clinicians would be ideal, and that nominations should be submitted to Mr Mohammed promptly. Ms Aileen Muir supported continuing funding for GP representation, noting the importance of maintaining engagement as the formulary moved to a regional model. Mr Gerard McKay raised concerns about the potential size of the committee if each health board sent multiple representatives. Mr Mohammed clarified that the aim was equal representation across boards, despite GGC's larger size. **NOTED**		
65.	**ADTC COLLABORATIVE UPDATE**		
	Mr Colin Mason provided a verbal update from the ADTC Collaborative. Mr Mason noted that a new national headache pathway had been approved and published on the Right Decisions platform. Routine updates from groups such as SIGN, the Scottish Government, and antimicrobial teams were ongoing, with the next collaborative meeting scheduled for November. Mr Mason confirmed there were no major national initiatives currently underway. **NOTED**		
66.	**UPDATED MEDICINES GOVERNANCE POLICIES**		
	Mr Mohammed presented the following updated Medicines Governance policies for approval. **a) Policy 5.8 – Guidance for Medicines Access Scheme** The Committee noted the updated policy, and the summary of minor changes provided. Ms Samantha Carmichael identified a gap in the guidance around patients transitioning from clinical trials, suggesting a couple of lines be added to cover scenarios where patients move through the unlicensed medicines route. Ms Janice Watt recommended making the guidance more explicit, noting if a medicine remained unlicensed, it should follow the ULM route but if licensed, it should go through the PACS2/IPTR process. The Committee agreed that these changes should be made, and the guidance approved without needing to bring the paper back for further review.		

			ACTION BY
	b) Policy – 1.2 Managed Entry of New Medicines The Committee noted the updated policy, noting the main change was under the section on scope to clarify that the policy was applicable solely to procedures within NHSGGC. The Committee were content to approve the policy. **c) Policy 5.6 – Co-Payment** The Committee approved the updated policy, and the form provided, suggesting a hyperlink be added to the form within the policy. **APPROVED**		
67.	**Any Other Business**		
	a) SMC and NDC nominations Dr Scott Muir invited expressions of interest for nominations, asking that these be submitted via Louise Russell, and extended the invitation to subcommittee members. **b) 2026 Meeting Dates** The proposed 2026 meeting dates were shared (avoiding school holidays), and the next meeting was confirmed for Monday 8th December at 2:00 PM via Teams **c) Hybrid Meeting** There was interest in exploring hybrid meeting options, with a suggestion of a suitable room in the admin building. **NOTED**		Secretariat
68.	**Date and Time of Next Scheduled Meeting**		
	Monday, 8 December 2025 at 2pm, via Microsoft Teams		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **06/10/2025**

linzagolix

SMC2841

Yselty 0

Indication:

in adult women of reproductive age for symptomatic treatment of endometriosis in women with a history of previous medical or surgical treatment for their endometriosis

ADTC Discussion points

Approved as an alternative to Ryeqo (relugolix-CT) when Ryeqo is considered unsuitable.
Baseline and ongoing DXA scans will remain the responsibility of the specialist
Restricted to specialist initiation.

ADTC Decision:

Routinely available in line with local or regional guidance

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

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:
08/12/2025

Local restrictions on use:

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blinatumomab

SMC2808

Blincyto® 0

Indication:

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

ADTC Discussion points

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:
08/12/2025

Local restrictions on use:

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brentuximab vedotin

SMC2762

Adcetris® 0

Indication:

Adult patients with previously untreated CD30+ Stage III or IV Hodgkin lymphoma (HL) in combination with doxorubicin, vinblastine and dacarbazine (AVD).

ADTC Discussion points

18/08/25 - Referred to RCAG for expert advice
06/10/2025 - Accepted for use by RCAG -PASG. Treatment protocol to be updated.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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durvalumab

SMC2797

Imfinzi 0

Indication:

in combination with carboplatin and paclitaxel for the first-line treatment of adults with primary advanced or recurrent endometrial cancer who are candidates for systemic therapy, followed by maintenance treatment with:
•đurvalumab as monotherapy in endometrial cancer that is mismatch repair deficient (dMMR)
•đurvalumab in combination with olaparib in endometrial cancer that is mismatch repair proficient (pMMR).

ADTC Discussion points

Referred to RCAG-PASG for expert advice

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:
08/12/2025

Local restrictions on use:

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fruquintinib

SMC2858

Fruzaqla 0

Indication:

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

ADTC Discussion points

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:
08/12/2025

Local restrictions on use:

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pembrolizumab

SMC2767

Keytruda® 0

Indication:

In combination with carboplatin and paclitaxel, for the first-line treatment of primary advanced or recurrent endometrial carcinoma in adults.

ADTC Discussion points

18/08/25 - Referred to RCAG for expert advice
06/10/2025 - Accepted for use by RCAG -PASG. Treatment protocol to be updated.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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rucaparib

SMC2799

Rubraca® 0

Indication:

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

ADTC Discussion points

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:
08/12/2025

Local restrictions on use:

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belzutifan

SMC2864

Welireg® 0

Indication:

Treatment of adult patients with advanced renal cell carcinoma (RCC) whose disease has progressed on or after treatment with a programmed death receptor-1 (PD-1) / programmed death ligand (PD-L1) inhibitor and a vascular endothelial growth factor tyrosine kinase inhibitor (VEGF-TKI).

ADTC Discussion points

Company non-submission

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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encorafenib

SMC2865

Braftovi® 0

Indication:

In combination with binimetinib for the treatment of adult patients with advanced non-small cell lung cancer with a BRAF V600E mutation.

ADTC Discussion points

Company non-submission

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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nivolumab

SMC2874

Opdivo 0

Indication:

in combination with platinum-based chemotherapy as neoadjuvant treatment, and then continued as monotherapy as adjuvant treatment after surgical resection, for the treatment of adults with resectable (tumours ≥4 cm or node positive) non-small cell lung cancer and no known EGFR mutations or ALK rearrangements.

ADTC Discussion points

Compnay non-submission

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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belantamab mafodotin

SMC2747

Blenrep 0

Indication:

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

ADTC Discussion points

Not recommended for use by the SMC

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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capivasertib

SMC2823

Truqap 0

Indication:

in combination with fulvestrant for the treatment of adult patients with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative (defined as IHC 0 or 1+, or IHC 2+/ISH-) locally advanced or metastatic breast cancer with one or more PIK3CA/AKT1/PTEN-alterations following recurrence or progression on or after an endocrine-based regimen.

ADTC Discussion points

Not recommended for use by the SMC

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

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

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:
16/02/2026

Local restrictions on use:

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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
16/06/25 - Awaiiting RCAG advice
18/08/25 - Awating advise from RCAG-PASG
06/10/2025 - Remain deferred. Awating advise from RCAG-PASG

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:
08/12/2025

Local restrictions on use:

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eplontersen

SMC2755

Wainzua® 0

Indication:

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

ADTC Discussion points

28/04/25 - Awaiting clarification from NSS on whether the medicine will be included in the Risk Share Scheme, in line with other therapies for this condition.
16/06/25 - Still awaiting advice from NSS
18/08/25 - Feedback from NSS is that final decision on national funding not expected until 2026/27. Remain deferred
06/10/25 - Remain deferred

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:
20/04/2026

Local restrictions on use:

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futibatinib

SMC2661

Lytgobi® 0

Indication:

Monotherapy for the treatment of adult patients with locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or rearrangement that have progressed after at least one prior line of systemic therapy.

ADTC Discussion points

28/04/25 - Referred to RCAG for expert advice
16/06/25 - Awating advice from RCAG
18/08/25 - Awating advice from RCAG-PASG
06/10/2025 - Remain deferred. Awating advise from RCAG-PASG

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:
08/12/2025

Local restrictions on use:

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osimertinib

SMC2736

Tagrisso® 0

Indication:

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

ADTC Discussion points

18/08/25 - Referred to RCAG for expert advice
06/10/2025 - Remain deferred.Awating advise from RCAG-PASG

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:
08/12/2025

Local restrictions on use:

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ripretinib

SMC2821

Qinlock® 0

Indication:

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

ADTC Discussion points

18/08/25 - Referred to RCAG for expert advice
06/10/2025 - Remain deferred. Awating advise from RCAG-PASG

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:
08/12/2025

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.
16/06/25 - Local delivery plans still to be finalised
18/08/25 - Local delivery plans still being finalised
06/10/25 - Remain deferred. Local delivery plans still being finalised

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:
16/02/2026

Local restrictions on use:

BMI of ≥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.
16/06/25 - Local delivery plans still to be finalised
18/08/25 - Local delivery plans still being finalised
06/10/25 - Remain deferred. Local delivery plans still being finalised

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:
16/02/2026

Local restrictions on use:

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zanubrutinib

SMC2819

Brukinsa® 0

Indication:

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

ADTC Discussion points

18/08/25 - Referred to RCAG for expert advice
06/10/25 - Remain deffered. Awating advise from RCAG-PASG

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:
08/12/2025

Local restrictions on use:

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nusinersen

SMC2805

Spinraza 0

Indication:

for the treatment of 5q spinal muscular atrophy

ADTC Discussion points

Approved after a reassesssment through the ultra-orphan framework after data collection period.
Nusinersen has to be administered intrathecally. Likely to be only used when risdiplam is ineffective/not tolerated or unsuitable.
Agreed not to inlcude on Adult Formulary

ADTC Decision:

Not routinely available as local clinical experts do not wish to add the medicine to the Formulary at this time or there is a local preference for alternative medicine(s)

Local restrictions on use:

To be only considered in patients where risdiplam is considered ineffective,unsuitable or not tolerated

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