ADTC (M) 25/04
Minutes 42 - 55

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Area Drugs and Therapeutics Committee
held on Monday 18 August 2025 at 2.00pm
via Microsoft Teams

PRESENT

Dr Scott Muir (in the Chair)

Ronnie Burns	Elaine McIvor
Maureen Byrne	Mairi-Anne McLean
Samantha Carmichael	Ishtiaq Mohammed
Michael Fail	Aileen Muir
Roger Hardman	Elaine Paton
Peter Kewin	Fiona Robb
Colin Mason	Amit Verma
Kay McAllister	

IN ATTENDANCE

John Galloway	Pharmacist
Ross Jack	Secretariat Officer (Observer)
Rob Puckett	Lead HEPMA Pharmacist
Louise Russell	Secretariat Manager (Minutes)

			ACTION BY
42.	**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**		
43.	**WELCOME AND APOLOGIES**		

			ACTION BY
	The Chair welcomed those present to the August 2025 meeting of the Area Drugs and Therapeutics Committee. Apologies for absence were noted on behalf of: - Faria Qureshi - Gerry McKay - Jane Hall The Chair informed members that the meeting would be recorded, and the recording would be destroyed following formal approval of the minute. The Committee were content with this. **NOTED**		
44.	**MINUTES OF PREVIOUS MEETING**		
a)	The Committee considered the minute of the meeting held on Monday, 16 June 2025 and were content to accept these as an accurate record. **APPROVED**		
b)	**Decisions Summary: 16 June 2025** The Committee were content to note the Decision Summary from 16 June 2025. **NOTED**		
45.	**MATTERS ARISING**		
	There were no matters arising. **NOTED**		
46.	**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. Two declarations of interest were made.		

			ACTION BY
	NOTED		
47.	**WEST OF SCOTLAND CANCER NETWORK PRESCRIBING ADVISORY SUBGROUP REPORTS**		
	No summary available. **NOTED**		
48.	**ADTC SUMCOMMITTEE SIX MONTHLY REPORTS**		
	a) Communications Subcommittee		
	Mrs Elaine McIvor presented the paper 'Communications Subcommittee Six Monthly Report' [Paper 25/27]. The paper summarised the work undertaken by the Subcommittee over the previous six months. The Committee noted that the generic prescribing guidance for prescribers had been republished with no change to content. The Committee were content that this statement was appropriate. Mrs McIvor highlighted that there had been a pause on the use of X (previously Twitter) as the social media platform due to limited engagement and challenges in obtaining permissions for focused social media use as it was now a paid service. Alternatives, for example Instagram, were being explored. It was suggested that the contact could be made with the corporate communications team to discuss the corporate approach to take in relation to social media platforms. A formal promotion plan had been developed and the first in person promotional stand would be held at the GRI on 7th October. Mrs McIvor reported that following a user survey at the end of 2024, an action plan was developed. A link to the plan was included in the report for information. The report included a graph with the top 10 blogs, between February to August 2025, based on the number of views one month after publication. The Committee noted that all blog authors were asked for feedback on the process after they have written a blog. Positive results continued to be received, and all authors said they would continue to contribute.		

			ACTION BY
	The Committee observed that Mounjaro was the most widely accessed blog. However, it was not possible to determine whether those accessing the blogs were NHS staff or members of the public. Additionally, the Committee noted that the generic mailbox had received enquiries from the public regarding access. The Chair thanked the team for the work that had been carried out. The Committee were content to note the update. **NOTED**		
	b) Safer Use of Medicines Subcommittee		
	The Committee noted the Safer Use of Medicines Subcommittee Six Monthly Report [Paper 25/28]. **NOTED**		
49.	**ADTC SUBCOMMITTEE UPDATES**		
	a) Medicines Utilisation Subcommittee Dr Amit Verma provided a verbal update. He reported that work continued as normal and highlighted a couple of points. He noted that the procedure for providing feedback to authors of guidelines had been reviewed due to inconsistencies with updating the Therapeutics Handbook. Therefore, going forward, authors would be advised that they need to also update the Therapeutics Handbook. If no response was received from the authors, then Clinical Directors would be contacted. Dr Verma reported that a guideline for the use of Spironolactone in the treatment of acne had been approved, but it had since been removed from the platform. This situation indicated that feedback about guidelines should emphasise the importance of implementation, and a clear implementation plan should be prepared prior to submitting a guideline. A meeting with Lorna Fairlie to discuss the guideline is scheduled to take place in the coming weeks. The Committee were content to note the update. **NOTED**		
	b) Non-Medicines Utilisation Subcommittee		

			ACTION BY
	Ms Mairi-Ann McLean provided a verbal update, emphasising ongoing efforts to enhance data collection regarding Formulary compliance in collaboration with a Data Analyst. She noted that valuable data had been collected and integrated into a draft dashboard illustrating compliance across various Non-Medicines Formularies. Additional details were expected to be included in a future report. The Committee were content to note the update. **NOTED**		
	c) Antimicrobial Subcommittee Ms Fiona Robb provided a verbal update. She noted that there was an ongoing worldwide shortage of rifampicin. National guidance had been issued and recommended that all prescriptions moved to secondary care. A memo was being created by ID and TB teams indicating priority patients which included TB, Staphylococcus aureus, prosthetic joint infections and menogecocial septicemia meningitis and alternative groups of patients which included latent TB, NTM and cholestatic itch. She noted that work was taking place with the procurement team to seek the most suitable alternative products. In response to a question regarding a Scriptswitch message, the Committee noted that a message was there, however required to be strengthened to be clear that the message is do not prescribe for Primary Care. A short blog was suggested to enhance the message further. The Committee were content to note the update. **NOTED**		
	d) Prescribing Interface Subcommittee No further update since the last meeting. **NOTED**		
	e) Patient Group Directive No further update since the last meeting. **NOTED**		

			ACTION BY
50.	**HEPMA SIX MONTH PROGRESS REPORT**		
	Mr Rob Puckett presented the paper 'HEPMA Six Month Progress Report' [Paper 25/29] for awareness. Mr Puckett stated that there has been recent progress in business continuity, leading to a more robust system. Mr Puckett noted that a review of Hospices had been put on hold due to technical issues with Hospices not being on a GGC Network. Mr Puckett reported that eHealth were trying to fix this before it could go live. Other ongoing work included the addition of an indication to antimicrobials on HEPMA, however this had to be rolled back to antiviral, antifungal and antimicrobial therapies at the moment to allow a rethink of how this would work. Progress had been made in relation to dashboards, now available to 12,000 users. Mr Puckett was going to start publicising what was there at the moment and hope to progress some more work with the dashboard. Lastly, Mr Puckett noted that the IDL was being progressed, with the planned change from using the Orion system to something on trackcare or HEPMA, however further work regarding testing was required and the interface had to be created. The Committee were content to note the update. **NOTED**		
51.	**WoS REGIONAL FORMULARY**		
	Mr Ishtiaq Mohammed provided a verbal update on the WoS Regional Formulary. Mr Mohammed reported that since the last meeting there had been movement at a regional level. The first meetings of the Chapter Expert Working Groups for the Cardiovascular section and the GI chapter had taken place in the last month. The purpose of the first meeting was to compare Formulary choices across the 5 Health Boards and consider which choices should be included in the WoS Regional Formulary from an adult and paediatric perspective. The second meeting for the Cardiovascular chapter was scheduled to take place on Wednesday and the GI chapter on 2nd September.		

			ACTION BY
	Categorisation of the Formulary medicines and treatment pathways would be finalised at these meetings and a decision made on which prescribing notes should be included as part of the Formulary. The next chapters due to be reviewed were: • Respiratory and Skin – first meetings in September and the second meetings in October. • Infections and Endocrine – this chapter would start to be reviewed in November. It was agreed that Diabetic sundries would be part of the endocrine review. Progress was being made with developing Regional Formulary application forms and agreeing to the process for Formulary applications also dealing with published SMC advice during or after the chapter review meetings had been completed. It had been agreed that once dates for a chapter review meeting had been set, Formulary applications and SMC advice should be considered regionally and not via the local HB processes,. The first edition of the West of Scotland newsletter had been approved at the Programme Board last week. This would be circulated to members. The Committee were asked to provide feedback to Mr Mohammed regarding other suitable groups that the newsletter should be circulated to. The Regional Formulary Committee was being established, with the first meeting scheduled for the 24th of November to approve the first couple of chapters of the Regional Formulary that were being finalised by Expert Working Groups (GI and cardiovascular). Nominations for membership on the Regional Formulary Committee were being seeked from each of the Health Boards ADTCs and Formulary Committees. There was concern noted regarding the lack of GP engagement across all the Health Boards. Since the last meeting, Mr Mohammed had been liaising with the LMC GP Subcommittee and some nominations had been received from GP's within GGC. Dr Kewin noted that the meetings for the respiratory chapter review were on Tuesday's which were unsuitable due to clinical commitments. Mr Mohammed agreed to provide a list of dates to Dr Kewin . An email had been circulated by the LMC requesting GP representation and GP representation on the Regional Formulary Committee would need to be considered. The Committee were content to note the update.		Mr Mohammed/ Secretary All Mr Mohammed

			ACTION BY
	NOTED		
52.	**ADTC COLLABORATIVE UPDATE**		
	The Committee noted that the next meeting was on 27th August 2025. **NOTED**		
53.	**UPDATED MEDICINES GOVERNANCE POLICIES**		
	Mr Mohammed noted that several medicines governance policies were past their review date and were in the process of being reviewed and updated. Final updated drafts would be brought to the ADTC for approval. **a) Policy 3.1.1.–Formulary Processes for Medical Devices, Non-Prescription Only Medicines (Non-POMs) and Complimentary Medicines** The Committee noted the updated policy, and the summary of minor changes provided. The updated Policy was approved **b) Policy-5.1 Non-Formulary Prescribing Policy** The Committee noted the updated policy, and the summary of minor changes provided. The Committee noted that the policy statement mentioned the Paediatric Drug and Therapeutics Committee, however due to lack of engagement the Committee no longer existed. Discussions had taken place at previous meetings regarding a paediatric representative joining the ADTC when needed. The Chair agreed to email Dr Alan Mathers again with the Medical Director copied. The updated Policy was approved. The Committee were content to consider receiving summary of changes for the policies. The Committee were content to note the update. **NOTED**		Chair
54.	**Any Other Business**		
	a) Appointment of Vice Chair		

			ACTION BY
	The Chair welcomed Sam Carmichael in her new appointment as joint Vice Chair appointment. The Committee were looking forward to Dr Carmichael's particular expertise. **NOTED**		
55.	**Date and Time of Next Scheduled Meeting**		
	Monday, 6 October 2025 at 2pm, via Microsoft Teams		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **18/08/2025**

abaloparatide

SMC2764

Eladynos® 0

Indication:

Treatment of osteoporosis in postmenopausal women at increased risk of fracture.

ADTC Discussion points

Use will be restricted to patients where romosuzumab and teriparatide are considered unsuitable, ineffective or not tolerated
CV risk assessment will be undertaken by the specialist clinic before initiating treatment
Specialist use only

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

To be used 3rd line in patients where romosuzumab and teriparatide are considered unsuitable, ineffective or not tolerated

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etranacogene dezaparvovec

SMC2649

Hemgenix® 0

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
18/08/25 - To be funded nationally via risk share scheme. GGC will be the national treatment centre for Hemgenrix. SOPs and treatment pathway to be developed

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

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linzagolix

SMC2631

Yselty® 0

Indication:

Treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age.

ADTC Discussion points

Will be used as an alternative to Ryeqo.as a 2nd line treatment option after 1st line treatment options.have failed or are considered unsuitable.
A DEXA scan is required prior to initiating in patients considered at risk of osteoporosis and in all patients. after 1 year of use. Scan will be organised and results reviewed by the specialists..
Local guideline to be updated to incorporate the use of linzagolix.
Specilaist initiation and then continued in primary care.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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mavacamten

SMC2618

Camzyos® 0

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
18/08/25 - Treatment clinic ready from September /October 2025. Confirmation received that company will support ECHO monitoring until 2027 and genetic phenotyping up to Jan. 2026.
Add to Formulary, specialist use only. Ongoing prescribing and monitoring to be via the Hospital setting.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

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pegunigalsidase alfa

SMC2665

Elfabrio® 0

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
18/08/25 - Added to national risk share scheme for the treatment of inherited metabolic disorders.July 25.
Will be used as an alternative to other treatment options for Fabry disease.
Add to Formulary, specialist use only

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

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bevacizumab gamma

SMC2744

Lytenava 0

Indication:

In adults for treatment of neovascular (wet) age-related macular degeneration (nAMD)

ADTC Discussion points

Feedback from ophthalmology consultants is not to add to the Formulary. Concerns raised over clinical capacity Bevacizumab gamma has to be administered on a monthly basis. Other preferred Formulary treatment options can be administered less frequently

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:

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mirikizumab

SMC2822

Omvoh® 0

Indication:

Treatment of adult patients with moderately to severely active Crohn’s disease who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a biologic treatment.

ADTC Discussion points

Will be used as an alternative to risankizumab in patients where ustekinumab is unsuitable, has been in-effective or is not tolerated.
Specialist use only
Local Crohn's Disease guideline to be updated to incorporate the use of mirikizumab.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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alectinib

SMC2749

Alecensa® 0

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
18/08/25 - Accepted for use by RCAG-PASG sub-group. Treatment protocol to be amended

ADTC Decision:

Routinely available in line with local or regional guidance

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

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:

Nivolumab, ipilimumab

NCMAG121

0

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
18/08/25 - Accepted for use by RCAG-PASG sub-group. Treatment protocol has been developed and published.

ADTC Decision:

Routinely available in line with local or regional guidance

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

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

0

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
18/08/25 - Accepted for use by RCAG-PASG sub-group. Treatment protocol has been developed and published

ADTC Decision:

Routinely available in line with local or regional guidance

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

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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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

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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selpercatinib

SMC2732

Retsevmo® 0

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

16/06/25 - Referred to RCAG for expert advice
18/08/25 - Accepted for use by RCAG-PASG sub-group. Treatment protocol to be amended.

ADTC Decision:

Routinely available in line with local or regional guidance
18/08/2025

Local restrictions on use:

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selpercatinib

SMC2733

Retsevmo® 0

Indication:

Monotherapy for the treatment of adults and adolescents 12 years and older with advanced RET fusion-positive thyroid cancer who are radioactive iodine-refractory (if radioactive iodine is appropriate).

ADTC Discussion points

Accepted for use by RCAG -PASG
Local treatment protocol to be updated

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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sodium thiosulfate

SMC2730

Pedmarqsi® 0

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

Patients already treated with sodium thiosulfate on a compassionate basis.
Potentially significant budget impact
Add to Formulary, specialist use only

ADTC Decision:

Routinely available in line with local or regional guidance

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

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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letermovir

SMC2853

Prevymis® 0

Indication:

Prophylaxis of cytomegalovirus (CMV) disease in CMV-seronegative adults who have received a kidney transplant from a CMV-seropositive donor [D+/R-].

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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trastuzumab deruxtecan

SMC2854

Enhertu® 0

Indication:

Treatment of adult patients with unresectable or metastatic HER2-positive (IHC3+) solid tumours who have received prior treatment or who have no satisfactory alternative treatment options

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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amivantamab

SMC2758

Rybrevant® 0

Indication:

In combination with carboplatin and pemetrexed for the first-line treatment of adult patients with advanced non-small cell lung cancer (NSCLC) with activating epidermal growth factor receptor (EGFR) Exon20 insertion mutations.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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dupilumab

SMC2801

Dupixent® 0

Indication:

In adults as add-on maintenance treatment for uncontrolled chronic obstructive pulmonary disease (COPD) characterised by raised blood eosinophils on a combination of an inhaled corticosteroid (ICS), a long-acting beta2-agonist (LABA), and a long-acting muscarinic antagonist (LAMA), or on a combination of a LABA and a LAMA if ICS is not appropriate.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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fezolinetant

SMC2798

Veoza® 0

Indication:

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

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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lecanemab

SMC2811

Leqembi® 0

Indication:

Treatment of mild cognitive impairment and mild dementia due to Alzheimer’s disease in adult patients that are apolipoprotein E ε 4 (ApoEε4) 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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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

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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cabozantinib

SMC2754

0

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

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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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. ADTC Chair to escalate to Acute Services PMG/medical director. 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:
08/12/2025

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

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:

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

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:

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

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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exagamglogene autotemcel

SMC2709

Casgevy® 0

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 included on the national risk share scheme
18/08/25 - Included on the national ultra-orphan risk share. Agreed not to be included on the Formulary until final assessment by the SMC

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:
