

ADTC (M) 26/02  
Minutes 16 - 29

**NHS GREATER GLASGOW AND CLYDE**
**Minutes of the Meeting of the  
Area Drugs and Therapeutics Committee  
held on Monday 20<sup>th</sup> April 2026 at 2.00pm  
via Microsoft Teams**
**PRESENT**
**Dr Samantha Carmichael (in the Chair)**

Ronnie Burns	Gerry McKay
Colette Byrne	Colin Mason
Ewan Gray	Ishtiaq Mohammed
Jane Hall	Elaine Paton
Peter Kewin	Fiona Thomson
Lynsay Lawless	Lee Stewart
Kay McAllister	Faria Qureshi
Elaine McIvor	Amit Verma
Mairi-Anne McLean	

**IN ATTENDANCE**

Ross Jack	Secretariat (Minute)
Caitlin Shae	Observer

			<b>ACTION BY</b>
<b>16.</b>	<b>CHAIR'S STATEMENT</b>		
	<p>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.</p> <p>Members were reminded to make relevant declarations of interest in line with Board policy.</p> <p>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.</p> <p><b>NOTED</b></p>		
<b>17.</b>	<b>WELCOME AND APOLOGIES</b>		

			<b>ACTION BY</b>
	<p>The Chair welcomed those present to the April 2026 meeting of the Area Drugs and Therapeutics Committee.</p> <p>Apologies for absence were noted on behalf of:</p> <ul style="list-style-type: none"> <li>• Roger Hardman</li> <li>• Scott Muir</li> <li>• Janice Watt</li> </ul> <p>The Committee were advised that the meeting would be recorded for the purposes of minute taking then removed from the Teams portal and deleted.</p> <p>The Committee were content with this.</p> <p><b><u>NOTED</u></b></p>		
<b>18.</b>	<b>MINUTES OF PREVIOUS MEETING</b>		
a)	<p>The Committee considered the minutes of the meeting held on 16<sup>th</sup> February 2026 [ADTC(M)26/01] and were content to accept these as an accurate record.</p> <p><b><u>APPROVED</u></b></p>		
b)	<p><b>Decisions Summary: 16 February 2026</b></p> <p>The Committee were content to note the Decision Summary from 16<sup>th</sup> February 2026.</p> <p><b><u>NOTED</u></b></p>		
<b>19.</b>	<b>MATTERS ARISING</b>		
	<p><b><u>Regional Management of SMC Medicine Decisions</u></b></p> <p>The Chair confirmed that Mr Steven Fenton was expected to distribute a paper to the committee, however this had not yet been received. Mr Ishtiaq Mohammed agreed he would follow this up to ensure the paper was circulated.</p> <p><b><u>Marstacimab</u></b></p> <p>The Chair advised she had contacted the haemophilia team and received an initial response, noting this would be reviewed in due course, with the decision deferred until the next meeting.</p>		Ishtiaq Mohammed

			<b>ACTION BY</b>
	<p><b><u>Clinical Contacts for Progesterone</u></b></p> <p>Mr Mohammed confirmed that Ms Kay McAllister had provided a small number of contact names who had since been approached, noting that a further update would be provided later in the agenda.</p> <p>The Committee were content to note the updates.</p> <p><b><u>NOTED</u></b></p>		
<b>20.</b>	<b>NEW MEDICINES FOR CONSIDERATION</b>		
<b>(i)</b>	<b>Report on SMC Product Assessments</b>		
	<p>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.</p> <p>No declarations of interest were made.</p> <p>Recent SMC decisions were noted. Several medicines accepted by SMC were referred to the West of Scotland Regional Formulary process, meaning no formal ADTC decision was required at this stage. Oncology medicines accepted by SMC were referred onward to the relevant regional cancer group RCA-PASG for consideration. Medicines not recommended by SMC due to company non-submission, or not recommended following full assessment, were noted; members were reminded that any proposed use would require appropriate individual patient approval via local IPTR and PACS2 processes.</p> <p>The Committee formally approved the addition of eplontersen (Wainzua<sup>®</sup>) for hereditary transthyretin-mediated amyloidosis in adult patients with stage 1 or stage 2 polyneuropathy following confirmation of inclusion in the national ultra-orphan risk-share scheme, with use restricted to specialist prescribing where alternatives were ineffective or not tolerated.</p> <p>Progesterone vaginal capsules (Prometrium<sup>®</sup>) for the prevention of miscarriage in women with early pregnancy bleeding and a history of recurrent miscarriage were approved for formulary inclusion, with agreement that initiation should be by specialists, with continuation in primary care as appropriate.</p> <p>It was noted that that RCAG -PASG supported the addition of</p>		

			<b>ACTION BY</b>
	<p>durvalumab for use in combination with tremelimumab for the first-line treatment of adults with advanced or unresectable hepatocellular carcinoma, specialist use only.</p> <p>Updates were provided on medicines considered and approved by the West of Scotland Regional Formulary Committee.</p> <p>Budesonide suppositories (Budenofalk®) for the short-term treatment of mild to moderate acute ulcerative colitis limited to the rectum (ulcerative proctitis).</p> <p>Guselkumab (Tremfya®) for the treatment of moderate-severe ulcerative colitis and the treatment of moderate-severe Crohn's disease.</p> <p>Several medicines remained deferred pending further expert opinion, service readiness, or national implementation arrangements.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>21.</b>	<b>ADTC SUMCOMMITTEE SIX MONTHLY REPORTS</b>		
<b>a)</b>	<b>Medicines Utilisation Subcommittee</b>		
	<p>Dr Amit Verma presented the paper 'Medicines Utilisation Subcommittee Six Monthly Report' [Paper 26/10].</p> <p>Dr Verma reported that work continued with an ongoing focus on reviewing clinical guidelines and formulary appeals. Over the past two to three months, however, there had been a stronger emphasis on the West of Scotland Formulary, including reviewing and providing feedback on the final draft chapters of the Formulary. . He noted that some existing issues remained, particularly around ensuring that Handbook updates were completed alongside guideline submissions, and more robust processes were being put in place to support this happening in parallel. The Subcommittee were also now providing more detailed feedback to authors on guideline implementation, to ensure this was central to forward planning at the point of submission.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Non-Medicines Utilisation Subcommittee</b>		

		<b>ACTION BY</b>
	<p>Ms Mari-Anne McLean presented the paper 'Non-Medicines Utilisation Subcommittee Six Monthly Report' [Paper 26/11].</p> <p>Ms McLean advised there was an ongoing focus on non-medicine formularies alongside a small number of guidelines that were in progress. It was noted that the West of Scotland Formulary did not generally cover non-medicines and that local formularies therefore continued, with the exception of diabetic sundries, which were expected to be incorporated into the Regional Formulary in due course. She highlighted ongoing barriers, including clinical pressures and capacity issues within subgroups, which were heavily weighted towards nursing roles and therefore subject to significant time constraints.</p> <p>Ms McLean sought support for a position statement addressing difficulties when direct suppliers of non-medicines requested retrospective prescriptions without prior authorisation. She explained that the statement reiterates the legal requirement for suppliers to obtain authorisation from GP practices, verbally or in writing, before supplying products, and that it had already been reviewed by the Central Legal Office.</p> <p>Discussion highlighted that some requests, particularly for nutritional products, had retrospectively extended up to 12 months, creating significant workload pressures and often reflected supplier process issues rather than prescribing failures. While the inclusion of a time limit was discussed, it was agreed this would likely require further legal review and that the impact of the statement should be monitored first. Members acknowledged that process issues, supply problems and misdirected prescriptions could contribute to difficulties, however, there was consensus that it was appropriate to decline requests where no prior authorisation existed. The committee supported the position statement, allowing publication and wider circulation.</p> <p><b><u>APPROVED</u></b></p>	
<b>c)</b>	<b>Antimicrobial Subcommittee</b>	
	<p>Mr Lee Stewart, presented the paper 'Antimicrobial Subcommittee Six Monthly Report' [Paper 26/12].</p> <p>The report highlighted progress against antimicrobial targets in both primary and secondary care, with supporting data and embedded AUC minutes. Mr Stewart noted that the targets, extended to 2029, remained challenging, with some not currently being met. Key issues identified and fed back to clinical teams included increased co-amoxiclav use and problems with recording treatment duration and engagement with microbiology, however</p>	

			<b>ACTION BY</b>
	<p>ongoing monitoring was planned. Additional updates included concern from microbiology about a reduction in blood culture sampling rates, particularly at GRI, and progress on mandatory indication recording within HEPMA, which had commenced with five antibiotics and was planned to be expanded. Updates on new and revised guidelines from AUC were noted, including influenza, botulism injection and oral antibiotics for endocarditis. Concerns were also raised regarding increasing resistance rates to gentamicin and carbapenems, with gentamicin resistance approaching a threshold that could require future review of its role as first-line aminoglycoside, although this was currently for noting only.</p> <p>Finally, a change in co-trimoxazole breakpoints was highlighted, meaning more isolates would be reported as resistant, with potential implications particularly for OPAT services where it was commonly used.</p> <p>The Committee were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		
<b>22.</b>	<b>ADTC SUBCOMMITTEE UPDATES</b>		
	<p><b>a) Communications Subcommittee</b></p> <p>Ms Elaine McIvor advised that a six-monthly report had been submitted at the February meeting and there were no further updates to share at this time.</p> <p><b><u>NOTED</u></b></p>		
	<p><b>b) Safer Use of Medicines</b></p> <p>Dr Gerry McKay advised there were no further updates to share at this time.</p> <p><b><u>NOTED</u></b></p>		
	<p><b>c) Patient Group Directive</b></p> <p>Ms Elaine Paton advised there were no further updates to share at this time.</p> <p><b><u>NOTED</u></b></p>		

			<b>ACTION BY</b>
	<p><b>d) Prescribing Interface</b></p> <p>Dr Roger Hardman was not present to provide an update however the Chair advise she had previously met with him that morning and there were no updates to share at this time.</p> <p><b><u>NOTED</u></b></p>		
<b>23.</b>	<b>ADTC Subcommittees Review Meeting</b>		
	<p>Ms Faria Qureshi presented the paper 'ADTC Subcommittees Review Meeting' [Paper 26/13].</p> <p>Representatives from each Subcommittee attended a review meeting to discuss what was working well, current challenges, and how ADTC could better support their work. Ms Qureshi advised that the meeting notes had been shared with attendees for comment and were now being brought to ADTC for wider discussion.</p> <p>Common themes identified included communication, membership and succession planning challenges, and opportunities for greater cross-Subcommittee collaboration. Given the breadth of these issues and limited time for detailed discussion, it was proposed to allow further consideration through a virtual discussion with feedback collated and brought back to ADTC in June to inform development of a work plan proposal, of future review meetings.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Ms Qureshi
<b>24.</b>	<b>SBAR – Vaccines Group Directive</b>		
	<p>Ms Elaine Paton presented the paper 'Vaccines Group Directions' (VGDs) [Paper 26/14].</p> <p>The proposed governance approach detailed the implementation of VGDs following recent legislative changes, with the Committee agreeing that they should be authorised through existing Patient Group Direction (PGD) governance arrangements to ensure continuity of vaccination programmes. It was noted that VGDs would replace previous mechanisms, apply to both registrant and non-registrant staff, and be authored by Public Health Scotland, with NHS Boards retaining responsibility for approving their use.</p>		

		<b>ACTION BY</b>
	<p>Governance would mirror current processes, with approval through the PGD Subcommittee and executive sign-off by the Medical Director, Director of Nursing and Director of Pharmacy, while the decision to use a VGD would sit with Public Health on the advice of the Immunisation Coordinator. Members were reassured that PGDs would remain the primary mechanism initially and that not all programmes would transition to this approach at launch, with maternal and childhood programmes continuing under PGDs for nurse administration.</p> <p>The Committee supported the proposal, noting it would enable vaccination services to continue on a business-as-usual basis, and confirmed that formal Board ratification could also be undertaken if required.</p> <p>The Committee were content to approve the proposal.</p> <p><b>APPROVED</b></p>	
<b>25.</b>	<b>ADTC COLLABORATIVE UPDATE</b>	
	<p>Ms Faria Qureshi presented the 'ADTC Collaborative Update' [Paper 26/15].</p> <p>The update focused on national discussions on standardisation of gentamicin and vancomycin dosing calculators and the role of the Horizon Scanning Advisory Board (HSAB) in identifying potentially disruptive medicines ahead of SMC review.</p> <p><b>Calculators</b> SAPG has undertaken a national consultation on the potential adoption of the GGC gentamicin calculator across Scottish Health Boards. A national consultation on the vancomycin calculator is planned later in the year.</p> <p>Ms Qureshi advised that medical calculators are classified as medical devices. If the GGC calculators were made available via RDS platform, regulatory responsibility and oversight would transfer to Healthcare Improvement Scotland. Given changes to medical device legislation, this could be advantageous for GGC. However, it would also reduce GGC's ability to make local updates to the calculators and associated guidance, as future changes would likely require national consultation and agreement.</p> <p><b>HSAB</b> An overview of HSAB was provided. The Board has been established to support advanced operational planning for the managed introduction of medicines that may have a significant</p>	

			<b>ACTION BY</b>
	<p>impact on the Scottish healthcare system, ensuring alignment across relevant groups. It was noted that HSAB's remit is limited to medicines included in the SMC Forward Look report.</p> <p>Mr Mohammed welcomed the overview of the HSAB but queried current GGC representation. The Chair and Ms Qureshi advised they would clarify membership and contacts, noting that HSAB remained focused on early identification of potentially disruptive medicines ahead of SMC review.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Chair / F Qureshi
<b>26.</b>	<b>WoS Regional Formulary</b>		
	<p>Mr Ishtiaq Mohammed presented the paper 'WoS Regional Formulary' [Paper 26/16].</p> <p>The Committee noted the phased launch of the West of Scotland Formulary, with gastrointestinal and respiratory chapters now live and further chapters in development. Further work was progressing through newly established expert working groups, including diabetes diagnostics and monitoring, and for the CNS chapter relating to mental health, and pain, migraine and headache, all of which have held initial meetings with GGC representation.</p> <p>Mr Mohammed also highlighted that the new formulary was condition-based in structure, marking a significant change from the previous GGC formulary, and outlined ongoing communications to raise awareness, including via Core Brief, Medicines Update blog, and Pharmacy Weekly update. He confirmed that the superseded GGC GI and respiratory chapters had been removed and replaced with direct links to the West of Scotland Formulary, and that detailed summaries of changes compared with the previous GGC Formulary were included in the papers for information only.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>27.</b>	<b>ADTC Membership</b>		
	<p>Ms Faria Qureshi presented the paper 'ADTC Membership' [Paper 26/17].</p>		

			<b>ACTION BY</b>
	<p>Proposed updates to ADTC membership were reviewed. Minor corrections and additions were identified, including confirmation of new members and alignment of job titles and subcommittee names. The chair requested any further corrections were sent via email to Mr Ross Jack. She confirmed that the revised membership list would be updated and circulated following incorporation of changes.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Secretariat
<b>28.</b>	<b>Any Other Business</b>		
	<p>Ms Colette Byrne sought ADTC's endorsement for an abbreviated review process for the GGC Safe and Secure Handling of Medicines Policy, for which the ADTC Safe Use of Medicines Subcommittee was the policy holder. She explained that the overarching policy was based on national guidance, which had not been substantively updated since 2018/19., As such, only minimal changes were proposed, focused on clarifying the definition and role of 'accountable individuals' within the policy's responsibility framework, with no change to the policy's core principles. The policy had already been reviewed by the Safe Use of Medicines Subcommittee and given the limited nature of the amendments and absence of relevant legislative change, it was proposed that ADTC SUM approve the updated policy on behalf of the organisation, with the revised version then shared with relevant governance groups for information rather than full re-consultation. No concerns were raised, with an agreement to proceed on this basis.</p> <p>The Chair thanked members for attending and closed the meeting.</p> <p><b><u>APPROVED</u></b></p>		
<b>29.</b>	<b>Date and Time of Next Scheduled Meeting</b>		
	Monday 8 <sup>th</sup> June 2026 at 2pm, via Microsoft Teams		

## Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **20/04/2026****nemolizumab**

SMC2833

Nemluvio®

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**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**

20/04/26: If support for using, formulary application to be considered by the West of Scotland 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:

08/06/2026

**Local restrictions on use:****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**

20/04/26: If support for using, formulary application to be considered by the West of Scotland 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:

08/06/2026

**Local restrictions on use:****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**

20/04/26: If support for using, formulary application to be considered by the West of Scotland 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:

08/06/2026

**Local restrictions on use:**

**acalabrutinib**

OFFICIAL SENSITIVE

SMC2893

Calquence®

0

**Indication:**

In combination with venetoclax with or without obinutuzumab for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia (CLL).

**ADTC Discussion points**

20/04/26: 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:

08/06/2026

**Local restrictions on use:**

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**nivolumab, ipilimumab**

NCMAG126

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**Indication:**

Neoadjuvant treatment of adults with mismatch repair deficient or microsatellite instability-high locally advanced colon cancer classified as T4 or borderline resectable

**ADTC Discussion points**

20/04/26 - 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:

08/06/2026

**Local restrictions on use:**

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**osimertinib**

SMC2815

Tagrisso®

0

**Indication:**

Treatment of adult patients with locally advanced, unresectable (stage III) non-small cell lung cancer (NSCLC) whose tumours have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations and whose disease has not progressed during or following platinum-based chemoradiation therapy.

**ADTC Discussion points**

20/04/26: 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:

08/06/2026

**Local restrictions on use:**

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**pembrolizumab**

OFFICIAL SENSITIVE

SMC2829

Keytruda®

0

**Indication:**

In combination with chemoradiotherapy (external beam radiation therapy followed by brachytherapy), for the treatment of FIGO 2014 Stage III - IVA locally advanced cervical cancer in adults who have not received prior definitive therapy.

**ADTC Discussion points**

20/04/26: 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:

08/06/2026

**Local restrictions on use:**

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**vorasidenib**

SMC2844

Vorango®

0

**Indication:**

Treatment of Grade 2 astrocytoma or oligodendroglioma with a susceptible isocitrate dehydrogenase-1 (IDH1) mutation or isocitrate dehydrogenase-2 (IDH2) mutation in adults and paediatric patients 12 years and older, who are not in need of immediate chemotherapy or radiotherapy following surgical intervention.

**ADTC Discussion points**

20/04/26: 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:

08/06/2026

**Local restrictions on use:**

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**baloxavir marboxil**

SMC2920

Xofluza®

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**Indication:**

Treatment of uncomplicated influenza in patients aged 3 weeks and above.

**ADTC Discussion points**

Company non-submission

**ADTC Decision:**

Not routinely available as not recommended for use in NHSScotland

**Local restrictions on use:**

**baloxavir marboxil**

OFFICIAL SENSITIVE

SMC2921

Xofluza®

0

**Indication:**

Post-exposure prophylaxis of influenza in individuals aged 3 weeks and above.

**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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**eszopiclone**

SMC2922

Lunivia®

0

**Indication:**

Treatment of insomnia, in adults, usually for short-term duration.

**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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**isatuximab**

SMC2914

Sarclisa®

0

**Indication:**

In combination with bortezomib, lenalidomide, and dexamethasone, for the induction treatment of adult patients with newly diagnosed multiple myeloma who are eligible for autologous stem cell transplant.

**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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**pembrolizumab**

SMC2915

Keytruda®

0

**Indication:**

In combination with pemetrexed and platinum chemotherapy for the first-line treatment of adults with unresectable non-epithelioid malignant pleural mesothelioma.

**ADTC Discussion points**

Company non-submission

**ADTC Decision:**

Not routinely available as not recommended for use in NHSScotland

**Local restrictions on use:**

**sacituzumab**

OFFICIAL SENSITIVE

SMC2916

Trodelvy®

0

**Indication:**

Monotherapy for the treatment of adult patients with unresectable or metastatic hormone receptor (HR)-positive, HER2-negative breast cancer who have received endocrine-based therapy, and at least two additional systemic therapies in the advanced setting.

**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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**dostarlimab**

SMC2828

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**

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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**omaveloxolone**

SMC2845

Skyclarys®

0

**Indication:**

Treatment of Friedreich's ataxia in adults and adolescents aged 16 years and older.

**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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## seladelpar

OFFICIAL SENSITIVE

SMC2899

Livdelzi®

0

### Indication:

Treatment of primary biliary cholangitis (PBC), including pruritus, in adults in combination with ursodeoxycholic acid (UDCA) who have an inadequate response to UDCA alone, or as monotherapy in those unable to tolerate UDCA.

### 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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## zilucoplan

SMC2830

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

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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## budesonide

SMC2855

Budenofalk®

0

### Indication:

Short-term treatment of mild to moderate acute ulcerative colitis limited to the rectum (ulcerative proctitis) in adult patients.

### ADTC Discussion points

20/04/26 - Accepted for use by the West of Scotland Regional Formulary Committee 24/02/26.

2nd line choice to mesalazine formulations.

An alternative to budesonide foam enema.

Specialist recommendation.

### ADTC Decision:

Routinely available in line with national guidance

### Local restrictions on use:

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**durvalumab**

OFFICIAL SENSITIVE

SMC2857

Imfinzi®

0

**Indication:**

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

**ADTC Discussion points**

20/04/26 - Accepted for use by RCAG-PASG. Treatment protocol updated.  
Specialist use only.

**ADTC Decision:**

Routinely available in line with local or regional guidance

**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**

20/04/26 - NSS agreed to include in national ultra-orphan risk-share scheme.  
Added to Formulary as an alternative to vutrisiran when vutrisiran is not tolerated.  
Specialist use only.

**ADTC Decision:**

Routinely available in line with national guidance

**Local restrictions on use:**

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**givinostat**

SMC2856

Duvyzat®

0

**Indication:**

Treatment of Duchenne muscular dystrophy (DMD) in patients 6 years of age and older.

**ADTC Discussion points**

20/04/26 - Will be used by paediatric services. Agreed not to include on Adult Formulary at this stage.  
Specialist use only.

**ADTC Decision:**

Routinely available in line with national guidance

**Local restrictions on use:**

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**guselkumab**

OFFICIAL SENSITIVE

SMC2850

Tremfya®

0

**Indication:**

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

**ADTC Discussion points**

20/04/26 - Accepted for use by the West of Scotland Regional Formulary Committee 24/02/26.

Alternative 2nd line biologic option.

Specialist use only.

**ADTC Decision:**

Routinely available in line with national guidance

**Local restrictions on use:**

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**guselkumab**

SMC2848

Tremfya®

0

**Indication:**

Treatment of adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response, lost response, or were intolerant to either conventional therapy, a biologic treatment, or a Janus kinase (JAK) inhibitor.

**ADTC Discussion points**

20/04/26 - Accepted for use by the West of Scotland Regional Formulary Committee 24/02/26.

Alternative 2nd line biologic option.

Specialist use only.

**ADTC Decision:**

Routinely available in line with national guidance

**Local restrictions on use:**

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**maralixibat**

SMC2806

Livmarli®

0

**Indication:**

Treatment of cholestatic pruritus in patients with Alagille syndrome (ALGS) 2 months of age and older.

**ADTC Discussion points**

20/04/26 - Will be used by paediatric services. Agreed not to include on Adult Formulary at this stage.

Specialist use only.

**ADTC Decision:**

Routinely available in line with national guidance

**Local restrictions on use:**

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## progesterone

OFFICIAL SENSITIVE

SMC2869

Prometrium®

0

### Indication:

Prevention of miscarriage in women presenting with bleeding in the first trimester of pregnancy and have a history of recurrent miscarriages

### ADTC Discussion points

20/04/26 - will replace the use of off-label Cyclogest.  
Specialist initiation.

### 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

20/04/26 - 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:

17/08/2026

### 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.

### 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:

17/08/2026

### Local restrictions on use:

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

08/12/2025 - Remain deferred. RCAG - PASG still awaiting Formulary submission from experts.

16/02/26 - Remain deferred. RCAG - PASG still awaiting Formulary submission from experts.

20/04/26 - 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:

17/08/2026

**Local restrictions on use:**

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**ciclosporin**

SMC2873

Vevizye®

0

**Indication:**

Treatment of moderate to severe dry eye disease (keratoconjunctivitis sicca) in adult patients, which has not improved despite treatment with tear substitutes.

**ADTC Discussion points**

16/02/26 - Awaiting feedback from local specialists

20/04/26 - Still awaiting feedback from local specialists

**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:

08/06/2026

**Local restrictions on use:**

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**delgocitinib**

SMC2817

Anzupgo®

0

**Indication:**

Treatment of moderate to severe chronic hand eczema (CHE) in adults for whom topical corticosteroids are inadequate or inappropriate.

**ADTC Discussion points**

16/02/26 - Expected to be considered by the West of Scotland Regional Formulary Committee on the 15th of April

20/04/26 - Awaiting decision from West of Scotland 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:

08/06/2026

**Local restrictions on use:**

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## exagamglogene autotemcel

OFFICIAL SENSITIVE

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  $\beta S/\beta S$ ,  $\beta S/\beta +$  or  $\beta S/\beta 0$  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

### 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:

08/06/2026

### 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

16/02/26 - Referred to RCAG-PASG for expert advice

20/04/26 - 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:

17/08/2026

### Local restrictions on use:

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## marstacimab

SMC2759

Hympavzi®

0

### Indication:

for routine prophylaxis of bleeding episodes in patients 12 years of age and older, weighing at least 35 kg, with:

- severe haemophilia A (congenital factor VIII deficiency, FVIII < 1%) without factor VIII inhibitors, or
- severe haemophilia B (congenital factor IX deficiency, FIX < 1%) without factor IX inhibitors.

### ADTC Discussion points

16/02/26 - Awaiting feedback from local specialists

20/04/26 - Still awaiting feedback from local specialists

### 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:

08/06/2026

### Local restrictions on use:

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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.

**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:

17/08/2026

**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

•  $\geq 30\text{kg/m}^2$  (obesity), or

•  $\geq 27\text{kg/m}^2$  to  $< 30\text{kg/m}^2$  (overweight) in the presence of at least one weight-related comorbidity.

**ADTC Discussion points**

National SLWG looking at consensus statement regarding GLP1 receptor 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

08/12/25 - Remain deferred. Local delivery plans still being finalised

16/02/26 - Remain deferred. Local delivery plans still being finalised

20/04/26 - 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:

17/08/2026

**Local restrictions on use:**

BMI of  $\geq 30\text{kg/m}^2$ \* 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.

## tirzepatide

OFFICIAL SENSITIVE

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  $\geq 30$  kg/m<sup>2</sup> (obesity) or  $\geq 27$  kg/m<sup>2</sup> to  $< 30$  kg/m<sup>2</sup> (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 delivery 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

08/12/25 - Remain deferred. Local delivery plans still being finalised

17/02/26 - Remain deferred. Local delivery plans still being finalised

20/04/26 - 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:

17/08/2026

### 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 assessment undertaken.

20/04/26 - Still awaiting risk assessment to be completed.

### 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:

17/08/2026

### Local restrictions on use:

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