ADTC (M) 26/03
Minutes 30 - 40

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Area Drugs and Therapeutics Committee
held on 8 June 2026 at 2.00pm
via Microsoft Teams

PRESENT

Dr Scott Muir (in the Chair)

Ronnie Burns	Elaine McIvor
Colette Bryne	Gerard McKay
Samantha Carmichael	Mairi Anne McLean
Michael Fail	Ishtiaq Mohammed
Ewan Gray	Elaine Paton
Jane Hall	Faria Qureshi
Roger Hardman	Lee Stewart
Craig Harrow	Fiona Thomson
Peter Kewin	Amit Verma
Lynsay Lawless	Janice Watt
Kay McAllister	

IN ATTENDANCE

Joel Martin	Secretariat Officer (Minutes)

			ACTION BY
30.	**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**		
31.	**WELCOME AND APOLOGIES**		

			ACTION BY
	The Chair welcomed those present to the June 2026 meeting of the Area Drugs and Therapeutics Committee. There were no apologies for absence received. **NOTED**		
32.	**MINUTES OF PREVIOUS MEETING**		
a)	The Committee considered the minutes of the meeting held on Monday 20 April 2026 and were content to accept these as an accurate record, subject to the following minor amendment: Wording under item 28, Any Other Business, to state 'it was proposed that ADTC SUM approve the updated policy on behalf of the organisation', as opposed to 'it was proposed that ADTC approve the updated policy on behalf of the organisation'. **APPROVED**		
b)	**Decisions Summary: 20 April 2026** The Committee were content to note the Decision Summary from 20 April 2026. **NOTED**		
33.	**MATTERS ARISING**		
	• **HSAB GGC Representation** Dr Scott Muir stated that he would act as representative and would hold the position of Vice Chair • **ADTC Subcommittee Review Meeting** It was noted that additional feedback needed to be gathered from Committee members regarding this. **NOTED**		
34.	**NEW MEDICINES FOR CONSIDERATION**		
(i)	**Report on Product Assessments**		

			ACTION BY
	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. Professor Gerard Mackay declared a personal, non-specific interest. It was noted that two medicines, budesonide M/R capsules (Kinpeygo®), and sparsentan (Filspari®), had been accepted by the Scottish Medicines Consortium (SMC) for the treatment of adults with primary immunoglobulin A nephropathy (IgAN). The Committee noted the response from local experts confirming the place in therapy for each medicine. The Committee approved the addition of both medicines to the Total Formulary for specialist use only. The local treatment guideline was to be updated to reflect the SMC restrictions on use and the place in therapy for each medicine. The Committee noted medicines that had been accepted for use by the SMC that would be considered by the West of Scotland Regional Formulary Committee rather than needing consideration by the ADTC: Capsaicin patches (Qutenza®) for diabetic peripheral neuropathic pain and semaglutide (Wegovy®) to reduce the risk of major cardiovascular events Oncology medicines accepted by SMC that would be considered by the regional cancer group (RCAG-PASG) were noted. Medicines not recommended by SMC due to company non-submission, or not recommended following full assessment, were noted. Any proposed use of the medicines for the stated indications would require individual patient approval via local IPTR/PACS2 processes. The Committee approved the addition of ciclosporin eye drops (Vevizye®) for the treatment of severe keratitis, as an alternative to other formulations of ciclosporin drops already listed in the GGC Formulary. Added to the Total Formulary, restricted to specialist initiation. Marstacimab (Hympavzi®) for the routine prophylaxis of bleeding episodes in patients with severe haemophilia B without factor IX inhibitors, was approved for formulary inclusion, added to the Total Formulary, specialist use only. It was noted that a Board Chief Executives decision on whether marstacimab would be added to the national risk share scheme for inherited bleeding disorders was awaited.		

			ACTION BY
	The Committee noted several oncology medicines whose use was supported by RCAG-PASG. Updates were provided on medicines considered and approved by the West of Scotland Regional Formulary Committee - Delgocitinib (Anzupgo®) for the treatment of moderate – severe chronic hand eczema, added to the West of Scotland Regional Formulary, specialist use only. Several medicines remained deferred pending local clinical expert feedback, requiring further discussions on implementation due to service or resource impact or are awaiting formulary decisions by the West of Scotland Regional Formulary Committee. It was noted that RCAG-PASG had commissioned an escalation-group, which would consider oncology related medicines which had been deferred due to resource or service implications. The Committee noted SMC advice for two ultra-orphan medicines that had been re-assessed: • Ataluren (Translarna®) for the treatment of Duchenne muscular dystrophy, had not been accepted for use. The GGC formulary entry for ataluren would be removed. • Odevixibat (Bylvay®) for the treatment of progressive familial intrahepatic cholestasis had been accepted for use. Odevixibat would continue to be accessible via the ultra-orphan national risk share scheme. The Committee were content to note the updates provided. **NOTED**		
35.	**ADTC SUMCOMMITTEE SIX MONTHLY REPORTS**		
a)	**Patient Group Directive**		
	Verbal update by Elaine Paton. Challenges within the Public Health Directorate regarding the prescribing pathway for patients who needed Human Normal Immunoglobulin (HNIG) for at-risk contacts of hepatitis A were noted. A proposal was in place to develop a Patient Group Direction (PGD) Subgroup for HNIG in this patient group, which would be risk assessed by the consultants in the Public Health Team and administration by nurses within the adult immunisation team.		

			ACTION BY
	Members agreed that the proposed PGD would be developed and brought back to the Committee in due course. The Committee were assured by the update. **ASSURED**		
b)	**Prescribing Interface**		
	Verbal update by Roger Hardman. It was noted that the Adefovir & Lamivudine for Hepatitis B in Adults Shared Care Agreements (SCAs) had been retired as a result of lack of use. Draft SCAs for azathioprine, ciclosporin, mycophenolate mofetil/mycophenolic acid, and tacrolimus for the prophylaxis of kidney graft rejection in adults had been reviewed, along with the draft transfer-of-information letter for post-cardiac transplant patients. These were also considered by the LMC. Following these discussions, it was agreed to develop a single SCA for each drug covering all solid organ transplants, rather than producing a discharge transfer-of-information letter or separate specialty-specific documents. The Committee were assured by the update. **ASSURED**		
36.	**ADTC SUBCOMMITTEE UPDATES**		
	a) Antimicrobial Verbal update by Lee Stewart The Committee noted that good progress had been made in Primary and Secondary care towards UK and Scottish antimicrobial prescribing targets. Both Primary and Secondary care had been meeting the UK target of a 5% reduction in total antibiotic use. Further insight was provided regarding progress made in relation to other SAPG targets for primary care including: 5-day courses of doxycycline, amoxicillin prescriptions, and 3-days courses of trimethoprim, nitrofurantoin prescriptions for women Anti-viral, anti-fungal and anti-bacterial spend had been reduced in Q1 of 2026.		

			ACTION BY
	An increase in use of co-amoxiclav had been noted and was being monitored. Clostridioides difficile infection (CDI) rates and prescribing of co-amoxilcav in Inverclyde were being reviewed. SAPG have published their economic assessment of cefazolin for Staphylococcus aureus bacteraemia. A formulary application will be submitted for consideration for inclusion in the West of Scotland Formulary. HEPMA rollout of recording antibiotic indications had been paused to allow further work to be carried out to improve the process, as HEPMA indications aligned with the case notes in only 50% of cases. Following concerns raised by Microbiology staff in relation to blood culture rates falling, work had been taking place to encourage appropriate sampling of blood culture. The Committee were content to note the update provided. **NOTED**		
	b) Communications Subcommittee Verbal update by Elaine McIvor The Committee noted that challenges had been experienced in relation to the multi-disciplinary membership of the Communications Subcommittee. The Committee were content to note the update. **NOTED**		
	c) Medicines Utilisation Subcommittee Verbal update by Amit Verma. During the last meeting of the Medicines Utilisation Subcommittee, conversation took place regarding a Formulary Appeal for Xonvea® which was used to treat hyperemesis gravidarum (HG) during pregnancy. This medicine was not recommended by SMC due to uncertainties in the clinical and economic case, however it had been recommended in a guideline from the Royal College of Obstetricians.		

			ACTION BY
	The Committee discussed whether a Formulary appeal for Xonvea® should be considered or if the specialty should be advised to develop a local treatment protocol/guideline for use of Xonvea® was sought. The Committee agreed that there should be adherence to SMC guidance, with the ADTC position reported back to the Medicines Utilisation Subcommittee. The Committee were content to note the update **NOTED**		
	d) Non-Medicines Utilisation Subcommittee Verbal update by Mari-Anne McLean Ms Helen Farmer, Advanced Pharmacist, had taken up the position of Vice Chair of the Non-Medicines Utilisation Subcommittee It was noted that no nominations for the position of Chair of the Non-Medicines Utilisation Subcommittee had been received. The Committee were content to note the update. **NOTED**		
	e) Safer Use of Medicines Subcommittee Verbal update by Gerard McKay. Professor McKay noted that there were no specific issues to be brought to the attention of the Committee. **NOTED**		
37.	**ADTC Collaborative Update**		
	Verbal update by Faria Qureshi It was noted that the ADTC Collaborative Subcommittee had met on 20 May 2026. A newsletter was still to be finalised, and this would be circulated to members upon its completion.		

			ACTION BY
	A new cautionary counselling point had been released in relation to the dangers of co-sleeping with babies under the age of 12 months. The Scottish Palliative Care guidelines on the right decisions platform had been updated, and members were encouraged to review this platform for the update. Ongoing work by the Public Health team was noted, particularly: • Public Health Scotland was progressing data linkage work on medicines in pregnancy, integrating medicines exposure data with hospital, mortality, and wider health datasets to better understand real-world maternal and fetal outcomes, with findings due for publication later that year. • Work on biologics and high-cost medicines (including JAK inhibitors) using linked national datasets to evaluate real-world outcomes and safety, demonstrating the value of Scotland's integrated data systems and supporting more evidence-based decision-making. It was highlighted that the Unlicensed Medicines Policy was under review and a Short Life Working Group had been established to consider this and included GGC representation. The Committee were content to note the update. **NOTED**		
38.	**WoS Regional Formulary**		
	Paper presented by Ishtiaq Mohammed. The Committee noted that the adult GI, Respiratory, cardiovascular and skin chapters had been launched. The updated endocrine and infection chapters would be discussed at the Regional Formulary Committee meeting scheduled to take place on 23rd of June 2026. The CNS chapter and its sub-sections were at various stages of review. **Epimax:** - Mr. Mohammed described ongoing concerns raised by GGC dermatology colleagues about the inclusion of Epimax products as formulary choice emollients. The Committee considered the governance process used for Formulary inclusion, MHRA safety warnings on potential ocular toxicity and the need		

			ACTION BY
	for consensus to be agreed across health boards in relation to Formulary choices. The Committee formally noted GGC dermatology concerns. Mr. Mohammed agreed to liaise with dermatology colleagues regarding the ADTC discussion. **Infection Chapter and Local Guidelines:** The Committee noted that the WoS Formulary infections chapter mainly focused on primary care use of antimicrobials. The GGC Formulary would continue to list other drugs used to treat infections e.g. secondary care antimicrobials, treatments for HIV, Hepatitis and TB until these drugs were added to the WoS Formulary. The Committee also noted that local guidelines for antimicrobial use in primary care and secondary care were due for review and would need to align with the WoS Formulary. The Committee were content to note the update provided. **NOTED**		
39.	**Any Other Business**		
	The Chair invited members to raise any items of competent business. There were no items of business raised by members. **NOTED**		
40.	**Date and Time of Next Scheduled Meeting**		
	Monday 17 August 2026 at 2pm via MS Teams.		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **08/06/2026**

budesonide

SMC2814

Kinpeygo® 0

Indication:

Treatment of adults with primary immunoglobulin A nephropathy (IgAN) with a urine protein excretion ≥1.0 g/day (or urine protein-to-creatinine ratio ≥0.8 g/g*).
*equivalent to ≥90 mg/mmol]

ADTC Discussion points

08/06/26: Kinpeygo is one of the 1st disease modifying treatments for IgAN.
Patients prescribed Kinpeygo would receive a course of treatment for 9 months. Re-treatment may be considered in some patients.
Kinpeygo Will be used as add-on therapy to ACE inhibitors/ARBs and SGLT2 inhibitors.Most likely in patients with early disease.

Prescribing will be in line with local guidelines by hospital specialists with supply via Homecare.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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capsaicin

SMC2861

Qutenza® 0

Indication:

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

ADTC Discussion points

08/06/26: If support for using for the stated indication, formulary application to be considered by the West of Scotland Regional Formulary Committee.

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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dupilumab

SMC2851

Dupixent® 0

Indication:

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

ADTC Discussion points

08/06/26: Awaiting feedback from local 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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semaglutide

SMC2872

Wegovy® 0

Indication:

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

ADTC Discussion points

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

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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sparsentan

SMC2847

Filspari® 0

Indication:

Treatment of adults with primary immunoglobulin A nephropathy (IgAN) with a urine protein excretion ≥1.0 g/day (or urine protein-to-creatinine ratio ≥0.75 g/g*).
*equivalent to ≥85 mg/mmol

ADTC Discussion points

08/06/26: Will be used in later disease as an alternative to ACE inhibitors/ARBs as an add-on to SGLT2 inhibitors. Recommended treatment is stopped after 24 weeks if an inadequate response.
Prescribing will be in line with local guidlelines by hospital specialists with ongoing monitoring and review by the specialist..

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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amivantamab

SMC2834

Rybrevant® 0

Indication:

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

ADTC Discussion points

08/06/26: 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:
17/08/2026

Local restrictions on use:

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durvalumab

SMC2818

Imfinzi® 0

Indication:

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

ADTC Discussion points

08/06/26: 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:
17/08/2026

Local restrictions on use:

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enfortumab vedotin

SMC2842

Padcev® 0

Indication:

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

ADTC Discussion points

08/06/26: 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:
17/08/2026

Local restrictions on use:

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talquetamab

SMC2863

Talvey® 0

Indication:

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

ADTC Discussion points

08/06/26: 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:
17/08/2026

Local restrictions on use:

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brentuximab vedotin

SMC2925

Adcetris® 0

Indication:

For adult patients with previously untreated CD30+ Stage IIB with risk factors, Stage III or Stage IV Hodgkin lymphoma (HL) in combination with etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone (BrECADD).

ADTC Discussion points

June 2026: Company non-submission

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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darolutamide

SMC2940

Nubeqa® 0

Indication:

Treatment of adult men with metastatic hormone-sensitive prostate cancer (mHSPC) in combination with androgen deprivation therapy.

ADTC Discussion points

June 2026: Company non-submission

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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gefapixant

SMC2926

Lyfnua® 0

Indication:

Treatment of refractory or unexplained chronic cough in adults.

ADTC Discussion points

June 2026: Company non-submission

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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nintedanib

SMC2941

Ofev® 0

Indication:

treatment of clinically significant, progressive fibrosing interstitial lung diseases (ILDs) in children and adolescents from 6 to 17 years old

ADTC Discussion points

June 2026: Company non-submission

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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niraparib , abiraterone

SMC2942

Akeega® 0

Indication:

In combination with prednisone or prednisolone for the treatment of adult patients with metastatic castration-resistant prostate cancer (mCRPC) and BRCA 1/2 mutations (germline and/or somatic) in whom chemotherapy is not clinically indicated.

ADTC Discussion points

June 2026: Company non-submission

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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peginterferon alfa-2a

SMC2937

Pegasys® 0

Indication:

Monotherapy in adults for the treatment of essential thrombocythaemia.

ADTC Discussion points

June 2026: Company non-submission

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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peginterferon alfa-2a

SMC2936

Pegasys® 0

Indication:

Monotherapy in adults for the treatment of polycythaemia vera

ADTC Discussion points

June 2026: Company non-submission

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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tafasitamab

SMC2943

Minjuvi® 0

Indication:

In combination with lenalidomide and rituximab for the treatment of adult patients with relapsed or refractory follicular lymphoma (FL) (Grade 1-3a) after at least one line of systemic therapy.

ADTC Discussion points

June 2026: Company non-submission

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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nemolizumab

SMC2832

Nemluvio® 0

Indication:

Treatment of adults with moderate-to-severe prurigo nodularis (PN) who are candidates for systemic therapy.

ADTC Discussion points

June 26: 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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acalabrutinib

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

08/06/26: Use supported 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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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

08/06/26: Additional twice daily formulation of ciclosporin eye drops.Similar cost to alternative formulations. Ciclosporin eye drops should be prescribed by brand name.

ADTC Decision:

Routinely available in line with national guidance

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

08/06/26: Accepted for use by the West of Scotland Regional Formulary Committeee as a 1st line treatment option for patients with moderate-severe chronic hand eczema.
Specialist use only.

ADTC Decision:

Routinely available in line with national guidance

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

08/06/26: NHS GGC manages patients from across all the West of Scotland Health Boards..
Marstacimab is administered via s.c. inj. whereas alternatives (Factor IX inhibitors) are administered via the IV route.
Marstacimab is considered to be cost-efffective compared to current treatment options.
Restricted to specialist use only. Ongoing supply will be via Homecare.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

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nivolumab, ipilimumab

NCMAG126

0

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

08/06/26: 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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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

08/06/26: Use supported 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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pembrolizumab

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

08/06/26: Use supported 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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vorasidenib

SMC2844

Voranigo® 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

08/06/26: Use supported 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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axicabtagene ciloleucel

SMC2695

Yescarta® 0

Indication:

Treatment of adult patients with diffuse large B-cell lymphoma (DLBCL) and high-grade B-cell lymphoma (HGBL) that relapses within 12 months from completion of, or is refractory to, first-line chemoimmunotherapy.

ADTC Discussion points

16/06/25 - On going discussions regarding transitioning to a regional model. WoS Regional Cancer Services have agreed to review this medicine once regional model is in place.
18/08/25 - No further progress on regional model since last meeting. Remain deferred
06/10/25 - No further progress on regional model since last meeting. Remain deferred
08/12/25 - No further progress on regional model since last meeting. Remain deferred
16/02/26 - No further progress on regional model since last meeting. Remain deferred
20/04/26 - No further progress on regional model since last meeting. Remain deferred
08/06/26 - Remain deferred.

ADTC Decision:

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

19/10/2026

Local restrictions on use:

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belantamab mafodotin

SMC2727

Blenrep

0

Indication:

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

ADTC Discussion points

Referred to RCAG-PASG for expert advice
08/12/25 - Service issues, needing to be resolved.
16/02/26 - No further update, Remain deferred.
20/04/26 - No further update, Remain deferred.
08/06/26 - No further update, Remain deferred.

ADTC Decision:

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

19/10/2026

Local restrictions on use:

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cabozantinib

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

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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exagamglogene autotemcel

SMC2852

Casgevy® 0

Indication:

Treatment of sickle cell disease in patients 12 years of age and older with recurrent vaso-occlusive crises who have the βS/βS, βS/β+ or βS/β0 genotype, for whom haematopoietic stem cell transplantation is appropriate and a human leukocyte antigen matched related haematopoietic stem cell donor is not available.

ADTC Discussion points

16/02/26 - Awaiting feedback from local specialists
20/04/26 - Still awaiting feedback from local specialists
08/06/26 - Contractural arrangements with the pharma company are now in place but further work is still required locally to develop processes for service delivery.

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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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.
08/06/26 - 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:

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nemolizumab

SMC2833

Nemluvio® 0

Indication:

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

ADTC Discussion points

20/04/26: If support for using, formulary application to be considered by the West of Scotland Regional Formulary Committee.
08/06/26 - Awaiting decision from West of Scotland Formulary Committee meeting scheduled for 23/06/26.

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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ribociclib

SMC2803

Kisqali® 0

Indication:

In combination with an aromatase inhibitor for the adjuvant treatment of patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative early breast cancer at high risk of recurrence. In pre- or perimenopausal women, or in men, the aromatase inhibitor should be combined with a luteinising hormone-releasing hormone (LHRH) agonist.

ADTC Discussion points

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

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
•≧30kg/m2 (obesity), or
•≧27kg/m2 to <30kg/m2 (overweight) in the presence of at least one weight-related comorbidity.

ADTC Discussion points

National SLWG looking at consensus statement regarding GLP1receptor agonists for weight management to help guide health boards. It was noted that there are significant local service implications and global supply issues ongoing.
28/04/25 - Further local implementation plans are needed. Decision on formulary to be determined by product availability and service delivery.
06/10/25 - Remain deferred. Local delivery plans still being finalised
16/02/26 - Remain deferred. Local delivery plans still being finalised
08/06/26 - Corporate Management Team considering options to access medication.

ADTC Decision:

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

19/10/2026

Local restrictions on use:

BMI of ≥30kg/m2* in the presence of at least one weight-related comorbidity. Patients should be treated in a specialist weight management service.
*A lower BMI cut-off may be more appropriate for members of minority ethnic groups known to be at equivalent risk of the consequences of obesity at a lower BMI than the white population.

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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.
08/06/26 - Awaiting decision from West of Scotland Formulary Committee Meeting scheduled for 23/06/26.

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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tirzepatide

SMC2653

Mounjaro® 0

Indication:

For weight management, including weight loss and weight maintenance, as an adjunct to a reduced-calorie diet and increased physical activity in adults with an initial Body Mass Index (BMI) of ≥30 kg/m2 (obesity) or ≥27 kg/m2 to <30 kg/m2 (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, prediabetes, or type 2 diabetes mellitus).

ADTC Discussion points

28/04/25 - Decision deferred until local implementation plans on service dleivery are agreed.
06/10/25 - Remain deferred. Local delivery plans still being finalised
17/02/26 - Remain deferred. Local delivery plans still being finalised
08/06/26 - Corporate Management Team considering options to access medication.

ADTC Decision:

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

19/10/2026

Local restrictions on use:

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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.
08/06/26 - Awaiting decision from West of Scotland Formulary Committee Meeting scheduled for 23/06/26.

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 assesment undertaken.
20/04/26 - Still awaiting risk assessment to be completed.
08/06/26 - No further update, Remain deferred.

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:
19/10/2026

Local restrictions on use:

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odevixibat

SMC2843

Bylvay® 0

Indication:

Treatment of progressive familial intrahepatic cholestasis (PFIC) in patients aged 6 months or older.

ADTC Discussion points

08/06/26: Accepted for use by the SMC after re-assessment.
Specialist use only.
Will require monitoring of LFTs, INR and fat soluble vitamin levels.
Listed on the national ultra orphan risk share scheme.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

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ataluren

SMC2827

Translarna® 0

Indication:

Treatment of Duchenne muscular dystrophy resulting from a nonsense mutation in the dystrophin gene, in ambulatory patients aged 2 years and older. The presence of a nonsense mutation in the dystrophin gene should be determined by genetic testing.

ADTC Discussion points

08/06/26: Not recommended by SMC following re-assessment

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use: