ADTC (M) 26/01
Minutes 01 - 15

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Area Drugs and Therapeutics Committee
held on Monday 16 February 2026 at 2.00pm
via Microsoft Teams

PRESENT

Dr Roger Hardman (in the Chair)

Ronnie Burns	Ishtiaq Mohammed
Colette Byrne	Elaine Paton
Samantha Carmichael	Rob Puckett
Ewan Gray	Gwen Shaw
Jane Hall	Fiona Thomson
Craig Harrow	Lee Stewart
Kay McAllister	Faria Qureshi
Elaine McIvor	Amit Verma

IN ATTENDANCE

Steven Fenton	Project Manager (Item 05)
Lewis Hughes	Observer
Ross Jack	Secretariat (Minute)
Kirsty McFarlane	Lead Pharmacist (Item 05)

			ACTION BY
01.	**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**		

			ACTION BY
02.	**WELCOME AND APOLOGIES**		
	The Chair welcomed those present to the February 2026 meeting of the Area Drugs and Therapeutics Committee. Apologies for absence were noted on behalf of: • Maureen Byrne • Peter Kewin • Gerry Mckay • Scott Muir • Mairi-Anne McLean The Committee were advised that the meeting would be recorded for the purposes of minute taking then removed from the Teams portal and deleted. The Committee were content with this. **NOTED**		
03.	**MINUTES OF PREVIOUS MEETING**		
a)	The Committee considered the minute of the meeting held on 08 December 2025 [ADTC(M)25/06] and were content to accept these as an accurate record pending the following minor amendment: Item 75b - change name of subcommittee in the update to prescribing interface'' so that it matched the title of the update. **APPROVED**		
b)	**Decisions Summary: 08 December 2025** The Committee were content to note the Decision Summary from 08 December 2025. **NOTED**		
04.	**MATTERS ARISING**		
	Mr Ishtiaq Mohammed confirmed that the updated IPTR appeals policy had been shared with Chiefs of Medicines and uploaded to the GGC Medicines website. The Chair acknowledged Gwen Shaw's attendance in her first meeting as Interim Deputy Director of Pharmacy (Acute).		

			ACTION BY
	NOTED		
05.	**WoS Progress Update**		
	Mr Steven Fenton, Project Manager, Programme Management Services, NHS National Services Scotland, presented slides to the Committee. He outlined the structure and progress of the West of Scotland Formulary project: • GI, Respiratory, Cardiovascular, Skin, Endocrine and Infections chapters were prioritised based on prescribing volume, cost, and anticipated website traffic, with GI and Respiratory expected to launch by March 2026. • There would be a bespoke new website and app, based on the East of Scotland platform, but with additional functionality for the West. The Committee noted that there would be a period of dual running between local and regional sites until all chapters had transitioned. Ms McFarlane, Lead Pharmacist, West of Scotland, Regional Formulary Team, provided an overview of the agreed regional process for handling SMC advice, noting that until a chapter entered regional development, SMC advice continued to be managed locally within each Board's existing processes. For chapters where regional reviews were already underway, any new SMC advice was shared confidentially with all five Boards and with the relevant expert working group. Ms McFarlane advised that each preparation included in the West of Scotland Formulary had been selected on the basis of clinical and cost effectiveness, with decisions taken at the formulation level rather than solely at the drug level. She also outlined how the Formulary would manage ultra-orphan or tertiary-centre medicines. All five Boards were represented on each chapter group, and chapters underwent multiple iterations, including a formal local review period, allowing Boards to comment on omissions, inclusions or board-specific issues. She advised that most medicines would sit within defined pathways; however, where pathway placement was not appropriate, the Formulary Decisions section would capture approval status. Ms McFarlane advised that wording could be adapted where service availability differed between Boards noting the extensive review process and the built-in flexibility designed to ensure both common and uncommon prescribing scenarios were appropriately captured.		

			ACTION BY
	Clarification was requested on how the Formulary would handle situations where access to medicines differed between Boards. Ms McFarlane advised that, although it had not yet occurred, a process was in place. Based on the East region's model, the West had agreed that any significant service-related or cost-related concerns would be identified early when a medicine was requested, allowing issues to be escalated initially through the chapter group and formulary leads, and, if unresolved, to the Programme Board and subsequently the Formulary Committee. She confirmed that a paper outlining this process had been discussed at Programme Board although it had not yet required activation. Mr Fenton added that he had previously submitted a paper to the West Directors of Pharmacy meeting outlining how the East region managed complex cases where Boards differred on access to a medicine and confirmed he would retrieve and share this for reference. This was welcomed by the Committee. In response to a query regarding the management of specialised tertiary-centre medicines used exclusively within GGC, Ms McFarlane confirmed that the intention was to avoid multiple lists and instead maintain a single regional Formulary. She explained that tertiary-centre medicines could be incorporated either through a dedicated specialist pathway, a short-term workaround, or by listing them within the Formulary Decisions section of the website. Both options ensured that the medicines remained visible, easily searchable, and clearly marked as approved for use, while also allowing clarification on where they were delivered. She emphasised that the preference was for all such medicines to be captured within the regional Formulary structure rather than managed separately by individual Boards. The Committee were content to note the update. **NOTED**		Mr Fenton
06.	**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. No declarations of interest were made. **New medicines** Exagamglogene autotemcel (Casgevy) [SMC2852], for sickle cell disease: Mr Mohammed advised that no expert response had		

			ACTION BY
	been received and proposed deferring the item until formal clinical feedback was available. Dr Carmichael confirmed that GGC was in the process of being onboarded for the product following this SMC approval. She highlighted that contractual arrangements were nearing completion, but logistical aspects relating to service delivery remained under active discussion. Marstacimab for severe haemophilia B [SMC2759]: Mr Mohammed proposed deferring the item until formal clinical feedback was available. Dr Carmichael confirmed she had not been directly involved in any work on this medicine but was happy to follow up with the relevant clinicians. Cyclosporin eye-drop formulation [SMC 2873]: Mr Mohammed advised he was seeking further clarification from specialists, as there were two cyclosporin ophthalmic products on the Formulary. He recommended deferring the item until the April meeting to allow time to gather the necessary clinical advice. The Committee then reviewed the medicines recently accepted for use in oncology with the Committee noting the updates provided by Mr Mohammed. **Previously deferred medicines** Mr Mohammed reported that two oncology medicines had now been assessed and approved for use by RCAG PASG. Prometrium (progesterone soft vaginal capsules) [SMC2869] for prevention of miscarriage in early pregnancy: Mr Mohammed advised that attempts to contact experts had been unsuccessful. Dr Kay McAllister suggested that obstetricians would be the appropriate clinical contacts for recurrent miscarriages. She agreed to identify suitable clinicians and provide their details to Mr Mohammed to support the enquiry. Semaglutide [SMC2497] and tirzepatide [SMC2653] for weight management: Mr Mohammed advised that both remained deferred pending confirmation of service pathways and delivery models. The Chair noted that no further updates were available. The Committee noted a new agenda sub-section to track medicines that have been referred to the West of Scotland Regional Formulary for review. Mr Mohammed explained that some SMC-accepted drugs fell within chapters currently under review, so these would be considered at the regional level rather than locally. The new section would serve as a log until regional decisions were made and reported back.		Dr Carmichael Dr McAllister

			ACTION BY
	NOTED		
07.	**ADTC SUMCOMMITTEE SIX MONTHLY REPORTS**		
a)	**Safer Use of Medicines**		
	Ms Colette Byrne presented the paper Safer User of Medicines Subcommittee Six Monthly Report' [Paper 26/02]. Ms Byrne outlined that the current and future focus was on improving understanding of medication-related risks through better use of intelligence and metrics, identify risk areas and implement Board-wide mitigation actions. Key Areas of focus continued to be medication incidents, significant adverse events, national patient safety alerts, high-risk medicines, and major Board policies. In response to a query on paracetamol-related SAERs, learning and impact, Ms Byrne explained that paracetamol safety work was ongoing and included a thematic analysis of incidents to understand where risks arose. A detailed discussion was planned for the March ADTC meeting to bring together findings from incident analysis, SEARs, HEPMA considerations, and prescribing guidance. She noted that while there were no immediate changes, future actions were likely to focus on education and safe use in specific higher-risk subpopulations rather than system-wide changes. The Committee were content to note the update. **NOTED**		
b)	**Communications Subcommittee**		
	Ms Elaine McIvor presented the paper 'Communications Subcommittee Six Monthly Report' [Paper 26/03]. Ms McIvor reported several membership changes within the Subcommittee, including a new vice-chair, professional secretary, and nursing representative, but noted ongoing gaps in medical representation. Around 24 blogs were published in the last 6 months, with dissemination via multiple channels, including GGC Medicines App notifications. Social media activity on X had been paused, with Instagram under exploration. An in-person event at GRI was planned. Mr Rob Puckett raised a point about the security limitations of using certain social media platforms and advised contacting Brian		

			ACTION BY
	Miller within eHealth for clearer guidance on which social platforms could be used. Ms Watt noted that the upcoming face-to-face event at GRI as an opportunity to gather feedback from Resident Doctors, suggesting short surveys could also be used to understand which social platforms staff use for work. The Committee were content to note the paper. **NOTED**		
08.	**ADTC SUBCOMMITTEE UPDATES**		
	a) Medicines Utilisation Subcommittee Dr Amit Verma reported that the Subcommittee continued to manage a substantial workload, with around 100 guidelines already approved and approximately 30 returning each year for scheduled review alongside new submissions. The volume was challenging to accommodate within existing capacity, however, the Subcommittee continued to progress work as efficiently as possible. Dr Verma also highlighted recent reviews of the draft regional formulary gastroenterology and respiratory chapters, commending the respective groups for producing high-quality work. The Committee were content to note the update. **NOTED**		
	b) Non-Medicines Utilisation Update The Chair advised that no representative was in attendance to provide an update. The Committee were content to note this. **NOTED**		
	c) Patient Group Directive Ms Elaine Paton reported that national work was underway following last year's consultation on amendments to the Human Medicines Regulations. These changes were expected to introduce a new legal category called Vaccine Group Directions		

			ACTION BY
	(VGDs), anticipated to come into force on 1st April 2026, which would require new governance processes. The Committee were content to note the update. **NOTED**		
	d) Antimicrobial Subcommittee Mr Lee Stewart reported that mandatory recording of antimicrobial indications on HEPMA was reintroduced in January 2026 for five key antibiotics, and early informal feedback from users had been positive. Work was underway to validate the accuracy of recorded indications and gather more structured user experience feedback, with further rollout planned on a gradual basis. The Committee were content to note the update. **NOTED**		
	e) Prescribing Interface Subcommittee The Chair advised there were no updates to share at this time and a six-monthly report would follow at a future meeting. The Committee were content to note this. **NOTED**		
09.	**HEPMA Progress Report**		
	Mr Robert Puckett, Lead HEPMA Pharmacist, presented the paper 'HEPMA Progress Report [Paper 26/04] Mr Puckett reported that the HEPMA system update was planned for later in the year, subject to funding approval, with improvements aimed at pharmacy workflows, including homecare processes, alongside important bug fixes. On antimicrobial indication recording, he noting this was working well, around 16,000 indications had been logged to date, with only about 5% falling in the "other" category, with weekly validation work ongoing. He outlined progress with outpatient electronic prescribing initiatives, such as exploring digital prescriptions for clozapine and assessing whether HP10 pads could be safely used for community dispensing in acute settings, though logistical and security issues remained.		

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	Dashboard development and promotion had stalled, but the gap-analysis short-life working group has produced a tool to help the controlled drugs team identify supply anomalies. Work on the Immediate Discharge Letter (IDL) process continued, with upcoming sessions planned with Resident Doctors to determine whether exporting from HEPMA into TrackCare was a preferred and workable approach. Mr Puckett also described efforts to use task functionality to manage mental health forms. Lastly, he noted collaborative work with the myasthenia gravis team to ensure patients for whom aminoglycosides are contraindicated that these were appropriately flagged, with clinical sign-off pending. In response to a question regarding efforts to engage Resident Doctors in discussions about potential changes to the IDL process, noting previous difficulties securing attendance, Mr Puckett explained that upcoming sessions would be held over lunchtime via Teams and recorded for wider access. However, he had yet to confirm attendance, noting that Craig Harrow had offered support through his role as Foundation Programme Director, suggesting that involving academic foundation trainees could improve engagement and that he would be happy to circulate information. The Committee noted that many ward doctors struggled to find time to join online sessions and that informal, in-person ward-based conversations often yielded better feedback. Mr Puckett agreed to consider this approach and discuss further options. The Committee were content to note the update. **NOTED**		
10.	**ADTC COLLABORATIVE UPDATE**		
	The Committee noted that the next meeting would take place on 25 February 2025. **NOTED**		
11.	**WoS Regional Formulary**		
	Mr Mohammed provided an update on progress with the West of Scotland Regional Formulary development, confirming that six chapters were currently under review. The GI and Respiratory chapters had now reached final-draft stage and were reviewed at the most recent GGC Medicines Utilisation Committee, which supported the proposed changes with no issues requiring feedback to the regional team. The Cardiovascular and Skin chapters were also in final draft and would be considered at the		

			ACTION BY
	next MU committee meeting on 18 March. Meanwhile, sections of the Endocrine (diabetes-related) chapter and the Infections chapter were being finalised by expert working groups. The CNS chapter review would begin in March 2026, divided into several specialist subgroups due to its size. Work was also starting on diabetes diagnostic and monitoring devices, with GGC representatives nominated to the expert group. Epimax Original Cream SBAR Mr Mohammed highlighted that GGC clinicians have previously raised safety concerns in 2022 about ocular irritation and eye injury linked to Epimax products, which led to a local field safety notice and MHRA advice to avoid use of Epimax ointment on the face or around the eyes—guidance that was reiterated again by the MHRA in December 2025. He asked committee members whether GGC should support inclusion of Epimax cream (with caveats and alternative options for clinicians who prefer not to use it), or whether GGC should advise the regional team to exclude it from the Formulary entirely. During discussion, the following points were made: • MHRA safety updates related specifically to Epimax ointment and paraffin-free ointment, not the original cream, and there was no regulatory restriction on the cream's use. • If there was a licensed medicine with clear MHRA guidance, there should be no significant liability concerns if prescribers followed warnings to avoid use on the face and around the eyes. • EMIS did generate a warning when Epimax was prescribed but could easily be overlooked during busy consultations. A more visible or earlier warning could help support safer prescribing. The Committee agreed that Epimax Original Cream should be included in the West of Scotland Formulary, with clear safety messaging. Ms Hall agreed to check with the ScriptSwitch team and confirmed that an enhanced message on EMIS could be added if needed. Mr Mohammed confirmed he would feed this consensus back to the regional Formulary team. Mr Mohammed then presented the paper outlining the newly agreed West of Scotland definitions for specialist recommendation, specialist initiation, and specialist use only.		

			ACTION BY
	These definitions incorporated feedback from the previous ADTC meeting and were approved by the Programme Board. The Committee accepted the final definitions, noting they could be reviewed in the future if required. **NOTED**		
12.	**Update Medicine Governance Policies**		
	Mr Ishtiaq Mohammed presented the papers 'Updated Medicine Governance Policies'. Policy 1.1 – Medicines Advisory Structure Mr Mohammed reported on the main changes. Ms Hall noted that, while the Acute Services PMG had established reporting pathways, the Primary Care PMG lacked a formal mechanism beyond financial reporting through FHS finance to HSCP finance teams. She highlighted the need to address this as part of the group's upcoming review of its Terms of Reference, potentially by creating a reporting route to Chief Officers. It was agreed that, as the proposed amendments primarily reflected organisational restructuring rather than changes to ADTC functions, the Committee could approve the document as presented, with any future PMG-related updates added later if needed. In regard to a question whether routine sharing of summaries between PMGs and ADTC could be improved by exchanging full minutes, the Committee noted that while PMG summaries had recently been circulated, sharing complete ADTC minutes was deemed unnecessary since much of the Committee's work did not directly relate to PMG priorities, which focused on resource and service impacts. It was noted that an external audit identified gaps in escalating deferred medicines with significant service implications. An ADTC summary paper highlighting deferred medicines and circulated to other committees would help to address this. The Committee were content to approve the revised policy. **APPROVED** Policy 1.2 – Managed Entry of New Medicines Mr Mohammed reported that while horizon scanning already helped anticipate such issues, the Committee recognised the importance of also capturing resource implications flagged when		

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	SMC advice was issued or when clinical experts indicated unexpected pressures, such as higher-than-anticipated patient numbers. To support this, an appendix with a clarifying flow diagram had been added to the policy, with the intention to re-format the document before publication. Minor changes to some text were also made and summarised for the group. The Committee expressed satisfaction with the revisions and were content to approve the policy. **APPROVED**		
13.	**ADTC Subcommittees Review Meeting**		
	The Chair advised this item was not ready for reporting and therefore would be deferred. **DEFERRED**		
14.	**Any Other Business**		
	Cefazolin SBAR Mr Stewart presented the paper on use of cefazolin for MSSA bacteraemia in a restricted patient group. It was noted that the Antimicrobial Utilisation Committee (AUC) was due to meet the following day and that the West of Scotland Formulary infection chapter was already at final-draft stage, limiting local Formulary decisions during this period. He explained that the Infectious Diseases team were requesting ADTC to approve the local GGC guideline subject to AUC approval, as previous AUC discussions suggested no major objections. During discussion concerns about process and evidence were highlighted and the following points raised: • SAPG guidance has been delayed due to cost implications and supply stability issue. • The clinical benefit in the paper appeared limited and not statistically significant. • The Committee needed to understand both the national position and potential budget impact before any local approval. • Mr Stewart acknowledged these gaps, outlining the comparative drug costs and potential benefits (a published metanalysis showed reduced risk of AKI, lower rate discontinuation) but confirmed he		

			ACTION BY
	could not provide patient numbers or contract pricing under discussion with National Procurement. Mr Stewart agreed to take the Committee's feedback back to colleagues, noting that the issue would also be discussed at AUC. Ms Qureshi informed the group that she and Mr Ross Jack, Secretariat Officer, were updating the ADTC membership list, which would be circulated to members for review and formally approved at the next meeting. The Chair thanked members for attending and closed the meeting. **NOTED**		Mr Stewart Ms Quresh / Secretariat
15.	**Date and Time of Next Scheduled Meeting**		
	Monday 20 April 2026 at 2pm, via Microsoft Teams		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **16/02/2026**

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.

ADTC Decision:

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

20/04/2026

Local restrictions on use:

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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.

ADTC Decision:

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

20/04/2026

Local restrictions on use:

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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.

ADTC Decision:

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

20/04/2026

Local restrictions on use:

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nivolumab

SMC2820

Opdivo®

0

Indication:

In combination with ipilimumab for the treatment of adult patients with mismatch repair deficient or microsatellite instability-high colorectal cancer in the following setting: first-line treatment of unresectable or metastatic colorectal cancer.

ADTC Discussion points

16/02/26 - Accepted for use by RCAG-PASG. Protocol to be updated.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Paclitaxel (weekly) in combination with trastuzumab plus pertuzumab

NCMAG125

0

Indication:

For the first-line treatment of adults with HER2-positive metastatic or locally recurrent unresectable breast cancer who are considered fit for treatment with pertuzumab plus trastuzumab plus a taxane

ADTC Discussion points

16/02/26 - Accepted for use by RCAG-PASG

ADTC Decision:

Routinely available in line with local or regional guidance

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 .

ADTC Decision:

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

20/04/2026

Local restrictions on use:

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clascoterone

SMC2894

Winlevi® 0

Indication:

Topical treatment of acne vulgaris in patients 12 years of age and older.

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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daratumumab

SMC2895

Darzalex® 0

Indication:

Monotherapy for the treatment of adult patients with smouldering multiple myeloma at high risk of developing multiple myeloma

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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dupilumab

SMC2896

Dupixent® 0

Indication:

Treatment of chronic spontaneous urticaria (CSU) in patients aged 12 years and older whose disease is not adequately controlled with H1 antihistamine treatment.

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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pirtobrutinib

SMC2897

Jaypirca® 0

Indication:

monotherapy for the treatment of adult patients with relapsed or refractory mantle cell lymphoma (MCL) who have been previously treated with a Bruton’s tyrosine kinase (BTK) inhibitor.

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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donanemab

SMC2871

Kisunla® 0

Indication:

Treatment of mild cognitive impairment and mild dementia due to Alzheimer's disease (AD) in adult patients that are apolipoprotein E ε4 (ApoE ε4) heterozygotes or non-carriers.

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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serplulimab

SMC2840

Hetronifly® 0

Indication:

In combination with carboplatin and etoposide for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC).

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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sotatercept

SMC2831

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

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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zuranolone

SMC2862

Zurzuvae® 0

Indication:

Treatment of moderate or severe postnatal depression (PND) in adults following childbirth.

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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amivantamab

SMC2878

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

08.12.25.. - Referred to RCAG-PASG
16/02/26 - Discussed by RCAG-PASG. Accepted for use for the stated indication by RCAG-PASG. Treatment protocol approved.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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durvalumab

SMC2797

Imfinzi 0

Indication:

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

ADTC Discussion points

06/10/25 - Referred to RCAG-PASG for expert advice
08/12/25 - Awaiting feedback from RCAG-PASG
16/02/26 - Accepted for use by RCAG-PASG

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

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:
15/06/2026

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.

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:
15/06/2026

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

16/02/26 - Will be considered by the West of Scotland Regional Formulary Committee on the 24th of February

ADTC Decision:

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

Local restrictions on use:

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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
06/10/2025 - Remain deferred. Awating advise from RCAG-PASG
08/12/2025 - Remain deferred. Awating advise from RCAG-PASG
16/02/26 - Remain deferred. 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:
15/06/2026

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

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:
15/06/2026

Local restrictions on use:

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durvalumab

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

16/02/26 - 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:
20/04/2026

Local restrictions on use:

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eplontersen

SMC2755

Wainzua® 0

Indication:

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

ADTC Discussion points

28/04/25 - Awaiting clarification from NSS on whether the medicine will be included in the Risk Share Scheme, in line with other therapies for this condition.
16/06/25 - Still awaiting advice from NSS
18/08/25 - Feedback from NSS is that final decision on national funding not expected until 2026/27. Remain deferred
06/10/25 - Remain deferred
08/12/25 - Remain deferred
16/02/26 - 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:
20/04/2026

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

16/02/26 - Awaiting feedback from 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:
20/04/2026

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

16/02/26 - Will be considered by the West of Scotland Regional Formulary Committee on the 24th of February.

ADTC Decision:

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

Local restrictions on use:

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guselkumab

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

16/02/26 - Will be considered by the West of Scotland Regional Formulary Committee on the 24th of February

ADTC Decision:

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

Local restrictions on use:

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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

ADTC Decision:

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

Local restrictions on use:

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maralixibat

SMC2806

Livmarli® 0

Indication:

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

ADTC Discussion points

08/12/25 - Awaiting feedback from specialists
16/02/26 - 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:
20/04/2026

Local restrictions on use:

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progesterone

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

08/12/25 - Awaiting feedback from specialists
16/02/26 - Still awaiting feedback from 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:
20/04/2026

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.

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.
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

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:

15/06/2026

Local restrictions on use:

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

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tirzepatide

Mounjaro® 0

Indication:

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

ADTC Discussion points

28/04/25 - Decision deferred until local implementation plans on service dleivery are agreed.
16/06/25 - Local delivery plans still to be finalised
18/08/25 - Local delivery plans still being finalised
06/10/25 - Remain deferred. Local delivery plans still being finalised
08/12/25 - Remain deferred. Local delivery plans still being finalised
17/02/26 - 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:

15/06/2026

Local restrictions on use: