

NHS Greater Glasgow and Clyde: New Medicines Decisions

In Scotland, a newly licensed medicine is routinely available in a health board only after it has been:

- accepted for use in NHS Scotland by the Scottish Medicines Consortium (SMC), and
- accepted for use by the health board's Area Drug and Therapeutics Committee (ADTC).

All medicines accepted by SMC are available in Scotland, but may not be considered 'routinely available' within NHS Greater Glasgow and Clyde (NHSGG&C) because of available services and preferences for alternative medicines.

'Routinely available' means that a medicine can be prescribed by the appropriately qualified person within a health board.

Each health board has an ADTC. The Greater Glasgow and Clyde ADTC is responsible for advising the NHSGG&C health board on all aspects of the use of medicines.

Medicines routinely available within NHSGG&C are usually included in the GGC Formulary. The Formulary is a list of medicines for use in the health board that has been agreed by ADTC in consultation with local clinical experts. It offers a choice of medicines for healthcare professionals to prescribe for common medical conditions. The GGC Formulary can help improve safety as prescribers are likely to become more familiar with the medicines in it and also helps make sure that standards of care are consistent across the health board.

How does NHSGG&C decide which new medicines to make routinely available for patients?

The ADTC in NHSGG&C will consider national and local guidance before deciding whether to make a new medicine routinely available.

What national guidance does the ADTC consider?

- SMC advice: The SMC considers newly licensed medicines and advises health boards in Scotland whether they should be available. When SMC considers a new medicine for the NHS in Scotland, it looks at:
 - how well the medicine works,
 - which patients might benefit from it,
 - whether it is as good or better than medicines the NHS already uses to treat the medical condition, and
 - whether it is good value for money.
- In the table below, national guidance usually refers to SMC advice. Links to SMC advice for individual medicines are also included in the table.
- In some cases, other agencies may also provide guidance on how medicines should be used. For example, Healthcare Improvement Scotland issues alerts to advise if National Institute for Health and Care Excellence Multiple Technology Appraisals (NICE MTAs) are applicable in Scotland.

What local guidance does the ADTC consider?

- Advice from local clinical experts who would be expected to prescribe a particular medicine, where that service is available in NHSGG&C.

Why is a particular medicine not routinely available in NHSGG&C?

- This is usually because the medicine is not recommended for use in NHS Scotland by the SMC.
- The medicine may not be routinely available in a health board, particularly in smaller health boards, because there is not a suitable specialist who may use the medicine.
- There may also be differences in which medicines are preferred in health boards. Sometimes SMC accepts more than one medicine for treating a specific medical condition. Clinical experts in each health board consider whether to add new medicines to their formulary and advise the ADTC. Sometimes it is agreed that established medicines are a better choice than new medicines.

What happens if a particular medicine is not routinely available in NHSGG&C?

- If a medicine is not routinely available and included in the GGC Formulary and there are no suitable alternatives on the formulary, a healthcare professional can request to prescribe a medicine that is not on the formulary if they think you will benefit from using it. NHSGG&C and all health boards have procedures in place to consider requests when a healthcare professional feels a medicine that is not on the formulary would be right for a particular patient.

The table below lists NHS Greater Glasgow and Clyde's decisions on new medicines.

If you need more information on medicines decisions in NHS Greater Glasgow and Clyde, please email gqc.medicines@ggc.scot.nhs.uk

Medicine	Condition being treated	NHSGGC Decision	Date of decision
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14 December 2018

Page 1 of 3

<p>Atezolizumab infusion Tecentriq SMC2103</p>	<p>As monotherapy for the treatment of adult patients with locally advanced or metastatic urothelial carcinoma after prior platinum-containing chemotherapy.</p>	<p>Not routinely available as not recommended for use in NHSScotland</p>	<p>10/12/2018</p>
<p>Evolocumab injection Repatha SMC2133</p>	<p>In adults with established atherosclerotic cardiovascular disease (myocardial infarction, stroke or peripheral arterial disease) to reduce cardiovascular risk by lowering LDL-C levels, as an adjunct to correction of other risk factors: - in combination with the maximum tolerated dose of a statin with or without other lipid-lowering therapies or, - alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated.</p>	<p>Not routinely available as not recommended for use in NHSScotland</p>	<p>10/12/2018</p>
<p>Fampridine tablets Fampyra SMC2107</p>	<p>For the improvement of walking in adult patients with multiple sclerosis with walking disability (EDSS [expanded disability status scale] 4-7).</p>	<p>Not routinely available as not recommended for use in NHSScotland</p>	<p>10/12/2018</p>
<p>Nivolumab infusion Opdivo® SMC2112</p>	<p>Monotherapy for the adjuvant treatment of adults with melanoma with involvement of lymph nodes or metastatic disease who have undergone complete resection.</p>	<p>Routinely available in line with local or regional guidance</p>	<p>10/12/2018</p>

Medicine	Condition being treated	NHSGGC Decision	Date of decision
<p>Ocrelizumab infusion Ocrevus® SMC2121</p>	Treatment of adult patients with relapsing forms of multiple sclerosis (RMS) with active disease defined by clinical or imaging features.	Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by: 01/06/2019	10/12/2018
<p>Pembrolizumab infusion Keytruda® SMC2143</p>	Monotherapy for the treatment of recurrent or metastatic head and neck squamous cell carcinoma in adults whose tumours express PD-L1 with a $\geq 50\%$ TPS and progressing on or after platinum-containing chemotherapy	Not routinely available as not recommended for use in NHSScotland	10/12/2018
<p>Pertuzumab infusion Perjeta® SMC2119</p>	In combination with trastuzumab and chemotherapy in the neoadjuvant treatment of adult patients with HER2 positive, locally advanced, inflammatory, or early stage breast cancer at high risk of recurrence.	Routinely available in line with local or regional guidance	10/12/2018