ADTC (M) 24/05
Minutes 47 - 58

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Area Drugs and Therapeutics Committee
held on Monday 7 October 2024 at 2.00pm
via Microsoft Teams

PRESENT

Dr Scott Muir (in the Chair)

Katie Adair	Kay McAllister
Ronnie Burns	Anne-Mairi McLean
Cristina Coelho	Ishtiaq Mohammed
Ysobel Gourlay	Aileen Muir
Chis Jones	Faria Qureshi

IN ATTENDANCE

Molly Menneer	Pharmacist, Observer
Sheila McKay	Senior Pharmacy Technician, Observer
Louise Russell	Secretariat (Minute) (via recording)
Caroline Thomson	Medicines Information Pharmacist, Observer

			ACTION BY
47.	**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**		
48.	**WELCOME AND APOLOGIES**		

			ACTION BY
	The Chair welcomed those present to the October meeting of the Area Drugs and Therapeutics Committee. Apologies for absence were noted on behalf of Roger Hardman, Helen A. Smith, Peter Kewin, Val Tierney and Gerry McKay. **NOTED**		
49.	**MINUTES OF PREVIOUS MEETING**		
	The Committee considered the minute of the meeting held on Monday, 19th August 2024 and were content to accept these as an accurate record of the meeting. **APPROVED**		
50.	**MATTERS ARISING**		
	There were no matters arising. **NOTED**		
51.	**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. **NOTED**		
(ii)	**West of Scotland Cancer Network Prescribing Advisory Subgroup Reports**		
	The Committee noted there had been no report since the last meeting. **NOTED**		
52.	**ADTC SUMCOMMITTEE SIX MONTHLY REPORTS**		
a)	**Medicines Utilisation Subcommittee**		

			ACTION BY
	Dr Amit Verma presented the paper 'Medicines Utilisation Subcommittee Six Monthly Report' [Paper 24/19] and highlighted the following: • Membership of the Committee had remained stable. Caroline Wilson had been appointed as the new administration support and was a welcomed addition to the Committee. • Discussion had taken place regarding the frequency of meetings. It had been agreed that the Committee would continue to meet on an eight weekly basis, however an abridged review process will be used with guidelines that have minimal changes. This involves circulation via email and feedback requested when required, rather than bringing the guideline back for a formal meeting. This would allow members to manage the Committee workload appropriately. • One of the key challenges highlighted was Primary Care (more so than Secondary Care) less likely to access clinical guidelines via the Right Decisions Platform. • The Committee would review its membership at a future meeting. The Committee were content to note the update. **NOTED**		
b)	**Non-Medicines Utilisation Subcommittee**		
	Ms Mairi-Anne McLean presented the paper 'Non-Medicines Six Monthly Report' [Paper 24/20] and highlighted the following: • The Subcommittee continued to meet on a regular basis. • All clinical guidelines were up to date and valid. • There had been changes recently in Formulary reporting due to significant changes to the prescribing data warehouse. Ms McLean reported that progress had been made. It was hoped this would be refined and compliance data would be included in future reports. The Committee were content to note the update. **NOTED**		
53.	**ADTC SUBCOMMITTEE UPDATES**		
	a) Prescribing Interface		

			ACTION BY
	No update. **NOTED**		
	b) Patient Group Directive Ms Paton informed the Committee that, following a request from the Public Health Protection Unit, development of a Patient Group Directive was under consideration to support the supply of antimalarials as part of the Travel Health Service. This would enable the service to provide a patient centered approach, however Ms Paton highlighted that patients were charged for the supply of antimalarials. The six month Report would be submitted to the next meeting. **NOTED**		
	c) Communications No update. **NOTED**		
	d) Safer Use of Medicines No update. **NOTED**		
	e) Antimicrobial Subcommittee Update Ms Ysobel Gourlay presented the paper 'Antimicrobial Subcommittee Report' and highlighted the following discussion points from the meeting in August 2024: • It had been noted that only 1/3 of patients had appropriate blood cultures. Two sets of blood cultures were required and each blood culture bottle should contain 10mls. Work was required in order to publicise this in order to improve collection. • There had been an increase in co-amoxiclav use when it would have been more appropriate to give amoxicillin and		

			ACTION BY
	gentamicin. E. Coli resistance patterns in GGC indicate 89% sensitivity to gentamicin versus 47% sensitivity to co-amoxiclav. • To promote the GGC guideline on gram-negative cover still being required after 4 days of gentamicin to avoid escalation to tazocin and then meropenem • Use of HEPMA to include a stop date for antibiotics would be promoted. In general stop date recording for oral antibiotics needed to be improved. • A memo would be circulated regarding use of generic liposomal amphotericin which the antimicrobial team considered as bioequivalent to ambisome, therefore ambisome dosing could be used. • Recent updates had been approved for the vancomycin calculator. These included inclusion of advice for patients down to a minimum height of 4ft 8in and an amendment to the transgender statement regarding the CHI number.. • The Scottish Antimicrobial Group were proposing new targets for 2024-2029 to assist with preventing an increase in drug resistant infections. There was an aim to reduce total antibiotic use by 5% compared to 2019 target. It was recognised that work was required as there was a continued increase in Primary Care and Acute prescribing. • There was a focus on meeting the current targets, however performance continued to remain challenged. The Committee discussed spreading the word about the process for blood cultures. This included through Medicines Updates, included in Core Briefs, and adding an alert on Trackcare. The Committee noted that Clyde received weekly email updates to trainees and consultants. Ms Gourlay would link in to include information in an update. The Committee were content to note the update. **NOTED**		
54.	**HEPMA Progress Report**		
	It was previously agreed that HEPMA progress would move to six monthly reporting. **NOTED**		

			ACTION BY
55.	**ADTC Collaborative Update**		
	Ms Faria Qureshi reported that the ADTC Collaborative had met on 21st August 2024. There was a newsletter available which included links to the presentations that were provided during the meeting. The newsletter would be circulated to members following the meeting. Ms Qureshi provided an overview of the items discussed. This included the following: • A presentation was received from Marion Benny, Chief Pharmacist, Public Health Scotland regarding data intelligence of a patient's journey. Examples were provided on how the data was used to provide data intelligence. An update was provided on plans for the future, including development of Scomed which is a combined data set to join up the patient's journey. It would incorporate key elements from one entry point. Further detail was included in the presentation included in the newsletter. • A presentation was received from NHS Lanarkshire regarding prescribing of ADHD medication following private diagnosis. The challenges were highlighted which led to a consensus statement being developed by the health boardand ratified through appropriate governance structures. The statement was on the right decisions platform. • An update was provided on the Horizon Scanning Advisory Board. The Board takes the SMC Horizon Scan forward look report and looks at the service impact of some of the medicines that might be coming on the market and provides feedback to Boards. The Committee were content to note the update. **NOTED**		Secretariat
56.	**West of Scotland Regional Formulary**		
	The Committee received a presentation from Mr Ishtiaq Mohammed regarding the development of a West of Scotland Regional Formulary. The Committee noted that a Regional Formulary had been developed in the East and would now be developed to cover the 5 Health Boards in the West. The Committee noted that NHS Lanarkshire had agreed to be the host Board, however all Board were considered equal partners.		

			ACTION BY
	The Formulary would be developed in 6 stages and the Committee received a summary of the timeline for development. The Chair thanked Mr Mohammed for the presentation and opened the discussion to members. In response to a question regarding whether a local Formulary would remain in place, the Committee noted that initially there would be a local Formulary and a Regional Formulary, however over time it was expected that there would be migration over to the Regional Formulary. In regards to Primary Care interface with the Regional Formulary, it was recognised that communication with Primary Care using the current local processes would be required. The Committee noted that lessons would be taken from the East which had successfully developed a Regional Formulary. The Committee noted that during the set up period there would be a requirement for each Board to maintain their own websites until the regional website had been fully established. At this current time there was an expectation that the governance structure in regards to ongoing management would remain the same. In response to a question regarding the plan for Antimicrobial, the Committee noted that discussions were in the process of starting regarding the governance and which chapters would be revised and in what order. Therefore, any points of clarification would be addressed when that chapter was reviewed. Following discussion, the Committee were happy to support the development of the Regional Formulary. There was some concern noted regarding another layer of complexity being added and recognition of the vast amount of work involved, however it was also recognised that learning could be taken to improve the platform. The Committee noted that clarification from the Project Board was required regarding the type of representation that was required from ADTC. It was agreed that this would remain a standing item on the Agenda. **NOTED**		
57.	**Any Other Business**		
	The Chair invited the Committee to raise any other business. The Chair informed members that he had received an invitation to join the Overprescribing Sub Group, hosted by the Primary Care Prescribing Management Group. The objective of the group was		

			ACTION BY
	to address overprescribing. The group were looking for a representative from the acute care sector. The Chair asked appropriate members to consider joining the group and email him with their nomination. The Committee noted that Voxelotor had been withdrawn globally by the manufacturer, Pfizer, as there were higher risks than previously considered. The Committee received assurance that this had been removed from the Formulary and the relevant clinicians had been informed. The Committee noted the proposed 2025 meeting dates. Members were asked to consider the dates with a view to finalising the dates at the next meeting in December. The Committee agreed that the December meeting would be in person, with an option to join virtually if required. No further business was raised. **NOTED**		All
58.	**DATE OF NEXT SCHEDULED MEETING**		
	Monday, 09 December 2024 at 2pm, at the Administration Building Boardroom, Gartnavel Campus and via Microsoft Teams		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **07/10/2024**

ivacaftor, lumacaftor

SMC2712

Orkambi®

Indication:

treatment of cystic fibrosis (CF) in patients aged 1 year and older (granules in sachet) or 6 years and older (film-coated tablets) who are homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene

ADTC Discussion points

Add to Total Formulary, specialist use only

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

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ivacaftor, tezacaftor

SMC2711

Symkevi®

Indication:

In a combination regimen with ivacaftor tablets for the treatment of patients with cystic fibrosis (CF) aged 6 years and older who are homozygous for the F508del mutation or who are heterozygous for the F508del mutation and have one of the following mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) gene: P67L, R117C, L206W, R352Q, A455E, D579G, 711+3A→G, S945L, S977F, R1070W, D1152H, 2789+5G→A, 3272-26A→G, and 3849+10kbC→T.

ADTC Discussion points

Add to Total Formulary, specialist use only

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

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ivacaftor, tezacaftor, elexacaftor

SMC2713

Kaftrio®

Indication:

In a combination regimen with ivacaftor for the treatment of cystic fibrosis (CF) in patients aged 2 years to less than 6 years (granules in sachet) and 6 years and older (film-coated tablets) who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.

ADTC Discussion points

Add to Total Formulary, specialist use only

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Rezafungin

SMC 2659

Rezzayo

Indication:

Treatment of invasive candidiasis in adults

ADTC Discussion points

Restricted to use on the advice of local microbiologists or specialists in infectious disease. Restricted to prescribing by acute services only.
To be used in patients where the use of a once weekly antifungal agent would be beneficial to aid discharge from hospital or in patients who are being managed by the OPAT service.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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faricimab

SMC 2685

Vabysmo

Indication:

Treatment of adult patients with visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO)

ADTC Discussion points

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:
09/12/2024

Local restrictions on use:

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dabrafenib

SMC2667

Finlee®

Indication:

In combination with trametinib (Spexotras®) for:
- the treatment of paediatric patients aged 1 year and older with low-grade glioma with a BRAF V600E mutation who require systemic therapy.
- the treatment of paediatric patients aged 1 year and older with high-grade glioma with a BRAF V600E mutation who have received at least one prior radiation and / or chemotherapy treatment.

ADTC Discussion points

Referred to Paeds oncology for further 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:
09/12/2024

Local restrictions on use:

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dasatinib

NCMAG116

Indication:

Treatment of adult patients with newly diagnosed Philadelphia chromosome positive (Ph+) acute lymphoblastic leukaemia (ALL) integrated with chemotherapy

ADTC Discussion points

Add to Total Formulary

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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dasatinib

NCMAG117

Indication:

Dasatinib for the treatment of adult patients with Philadelphia chromosome positive (Ph+) acute lymphoblastic leukaemia (ALL) with resistance or intolerance to prior therapy

ADTC Discussion points

Add to Total Formulary

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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pembrolizumab

SMC 2689

Keytruda

Indication:

As monotherapy for the adjuvant treatment of adults with non-small cell lung carcinoma who are at high risk of recurrence following complete resection and platinum-based chemotherapy.

ADTC Discussion points

Referred to RCAG for further 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:

09/12/2024

Local restrictions on use:

Relugolix

SMC 2678

Orgovyx

Indication:

•For the treatment of adult patients with advanced hormone-sensitive prostate cancer
•for the treatment of high-risk localised and locally advanced hormone dependent prostate cancer in combination with radiotherapy
•as neo-adjuvant treatment prior to radiotherapy in patients with high-risk localised or locally advanced hormone dependent prostate cancer

ADTC Discussion points

Referred to RCAG for further 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:
09/12/2024

Local restrictions on use:

Cemiplimab

SMC 2724

Libtayo

Indication:

In combination with platinum-based chemotherapy for the first-line treatment of adult patients with non-small cell lung cancer (NSCLC) expressing PD-L1 (in ≥ 1% of tumour cells), with no EGFR, ALK or ROS1 aberrations, who have:
•locally advanced NSCLC who are not candidates for definitive chemoradiation, or
•metastatic NSCLC.

ADTC Discussion points

Not available as not recommended for use in NHS Scotland due to a company non-submission.

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Drosperinone

SMC 2725

Slynd

Indication:

Contraception

ADTC Discussion points

Not available as not recommended for use in NHS Scotland due to a company non-submission.

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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nivolumab

SMC 2726

Opdivo

Indication:

In combination with cisplatin and gemcitabine for the first-line treatment of adult patients with unresectable or metastatic urothelial carcinoma.

ADTC Discussion points

Not available for the stated indication as not recommended for use in NHS Scotland due to a company non-submission.

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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pegcetacoplan

SMC2715

Aspaveli®

Indication:

Monotherapy in the treatment of adult patients with paroxysmal nocturnal haemoglobinuria (PNH) who have haemolytic anaemia.

ADTC Discussion points

Not available for the stated indcation as not recommended for use in NHS Scotland due to a company non-submission.

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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volanesorsen

SMC2716

Waylivra®

Indication:

As an adjunct to diet in adult patients with genetically confirmed familial chylomicronaemia syndrome (FCS) and at high risk for pancreatitis, in whom response to diet and triglyceride lowering therapy has been inadequate.

ADTC Discussion points

Not available as not recommended for use in NHS Scotland due to a company non-submission.
Future requests for use will require approval via local IPTR process

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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zilucoplan

SMC 2717

Zilbrysq®

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 available as not recommended for use in NHS Scotland due to a company non-submission.

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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follitropin delta

SMC2670

Rekovelle®

Indication:

Controlled ovarian stimulation for the development of multiple follicles in women undergoing assisted reproductive technologies (ART) such as an in vitro fertilisation (IVF) or intracytoplasmic sperm injection (ICSI) cycle.

ADTC Discussion points

ADTC Decision:

Not routinely available as local clinical experts do not wish to add the medicine to the Formulary at this time or there is a local preference for alternative medicine(s)

Local restrictions on use:

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epcoritamab

SMC2632

Tepkinly®

Indication:

Monotherapy for the treatment of adult patients with relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL) after two or more lines of systemic therapy.

ADTC Discussion points

Add to Total Formulary

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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glofitamab

SMC2614

Columvi®

Indication:

Monotherapy for the treatment of adult patients with relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL), after two or more lines of systemic therapy.

ADTC Discussion points

Add to Total Formulary

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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momelotinib

SMC2636

Omjjara®

Indication:

Treatment of disease-related splenomegaly or symptoms in adult patients with moderate to severe anaemia who have primary myelofibrosis, post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis and who are Janus Associated Kinase (JAK) inhibitor naïve or have been treated with ruxolitinib.

ADTC Discussion points

Add to Total Formulary

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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elranatamab

SMC2669

Elrexfio®

Indication:

Monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma, who have received at least three 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

Referred to RCAG for further 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:

09/12/2024

Local restrictions on use:

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etranacogene dezaparvovec

SMC2649

Hemgenix®

Indication:

treatment of severe and moderately severe haemophilia B (congenital factor IX deficiency) in adult patients without a history of factor IX inhibitors.

ADTC Discussion points

19/08/24 - Decision deferred pending clarification of service requirements and National Services Scotland risk share arrangements

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:

09/12/2024

Local restrictions on use:

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ivosidenib

SMC2664

Tibsovo®

Indication:

Monotherapy for the treatment of adult patients with locally advanced or metastatic cholangiocarcinoma with an isocitrate dehydrogenase-1 (IDH1) R132 mutation who were previously treated by at least one prior line of systemic therapy.

ADTC Discussion points

Referred to RCAG for further 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:

09/12/2024

Local restrictions on use:

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mavacamten

SMC2618

Camzyos®

Indication:

Treatment of symptomatic (New York Heart Association, NYHA, class II to III) obstructive hypertrophic cardiomyopathy (oHCM) in adult patients.

ADTC Discussion points

17/06/24 - Decision deferred.
Genetic phenotyping service is currently unavailable nationally and. there are also local service implications for ongoing monitoring.
Defer until service provision has been agreed.

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:

09/12/2024

Local restrictions on use:

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nivolumab, relatlimab

SMC2645

Opdualag®

Indication:

First-line treatment of advanced (unresectable or metastatic) melanoma in adults and adolescents 12 years of age and older.

ADTC Discussion points

19/08/24 - Referred to RCAG for 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:

09/12/2024

Local restrictions on use:

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pembrolizumab

SMC2660

Keytruda®

Indication:

in combination with fluoropyrimidine and platinum-containing chemotherapy, for the first-line treatment of locally advanced unresectable or metastatic human epidermal growth factor 2 (HER2)-negative gastric or gastro-oesophageal junction adenocarcinoma in adults whose tumours express programmed death-ligand 1 (PD-L1) with a combined positive score (CPS) ≥ 1.

ADTC Discussion points

19/08/24 - Referred to RCAG for 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:

09/12/2024

Local restrictions on use:

Selinexor

SMC 2674

Nexpovio

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 for further 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:

09/12/2024

Local restrictions on use:

Selinexor

SMC 2673

Nexpovio

Indication:

In combination with dexamethasone for the treatment of multiple myeloma in adult patients who have received at least four prior therapies and whose disease is refractory to at least two proteasome inhibitors, two immunomodulatory agents and an anti-CD38 monoclonal antibody, and who have demonstrated disease progression on the last therapy.

ADTC Discussion points

Referred to RCAG for further 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:

09/12/2024

Local restrictions on use:

Semaglutide

SMC2497

Wegovy

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

22/04/24 - 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. Further local implementation plans are needed. Decision on formular to be determined by product availability and 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:

09/12/2024

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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teclistamab

SMC2668

Tecvayli®

Indication:

Monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma, who have received at least three 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

Referred to RCAG for further 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:

09/12/2024

Local restrictions on use:

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tirzepatide

SMC2653

Mounjaro®

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

17/06/24 - Decision deferred until local implementation plans on service dleivery are agreed.

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:

09/12/2024

Local restrictions on use:

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trifluridine, tipiracil

SMC2654

Lonsurf®

Indication:

In combination with bevacizumab for the treatment of adult patients with metastatic colorectal cancer (CRC) who have received two prior anticancer treatment regimens including fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapies, anti-VEGF agents, and/or anti-EGFR agents.

ADTC Discussion points

19/08/24 - Referred to RCAG for 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:

09/12/2024

Local restrictions on use:

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birch bark extract

SMC2651

Filsuvez®

Indication:

treatment of partial thickness wounds associated with dystrophic and junctional epidermolysis bullosa (EB) in patients 6 months and older

ADTC Discussion points

19/08/24 - Decision deferred until Scottish Government notification that medicine has been included on the national ultra-oprhan risk share scheme

30/10/2024 Available via UO risk sharing scheme

ADTC Decision:

Routinely available in line with local or regional guidance

30/11/2024

Local restrictions on use:

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pegunigalsidase alfa

SMC2665

Elfabrio®

Indication:

for long-term enzyme replacement therapy in adult patients with a confirmed diagnosis of Fabry disease (deficiency of alpha-galactosidase).

ADTC Discussion points

19/08/24 - Decision deferred until Scottish Government notification that medicine has been included on the national risk share scheme

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:

09/12/2024

Local restrictions on use:
