ADTC (M) 25/02
Minutes 14 - 28

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Area Drugs and Therapeutics Committee
held on Monday 28 April 2025 at 2.00pm
via Microsoft Teams

PRESENT

Dr Scott Muir (in the Chair)

Katie Adair	Mairi-Anne McLean
Maureen Byrne	Ishtiaq Mohammed
Jane Hall	Aileen Muir
Roger Hardman	Elaine Paton
Stephanie Hart	Faria Qureshi
Peter Kewin	Fiona Robb
Colin Mason	Amit Verma
Elaine McIvor	

IN ATTENDANCE

Alison Boyle	Advanced Pharmacist HCV/HIV (Observer)
Rhona Shannon	Senior Pharmacist Medicines Governance
Fiona Thomson	NHS Highland (Observer)
Siobhan Carty	Antimicrobial Pharmacist (Observer)
Sheila McKay	Pharmacy technician, Medicines Information (Observer)

			ACTION BY
14.	**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
15.	**WELCOME AND APOLOGIES**		
	The Chair welcomed those present to the April 2025 meeting of the Area Drugs and Therapeutics Committee. Apologies for absence were noted on behalf of: • Janice Watt • Ronnie Burns • Gerry McKay • Kay McAllister **NOTED**		
16.	**MINUTES OF PREVIOUS MEETING**		
a)	The Committee considered the minute of the meeting held on Monday, 17 February 2025 and were content to accept these as an accurate record. **APPROVED**		
b)	**Decisions Summary: 17 February 2025** The Committee were content to note the Decision Summary from 17 February 2025. **NOTED**		
17.	**MATTERS ARISING**		
	There were no matters arising. **NOTED**		
18.	**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.		

			ACTION BY
	NOTED		
19.	**WEST OF SCOTLAND CANCER NETWORK PRESCRIBING ADVISORY SUBGROUP REPORTS**		
	The Committee noted the summary of advice for March 2025. **NOTED**		
20.	**PROPOSED ADJUSTED PARACETAMOL DOSING GUIDELINE**		
	Ms Rhona Shannon, Medicines Governance Pharmacist, presented the paper Adjusted Paracetamol Dosing Guideline: Summary of Discussions [Paper 25/11], on behalf of the Safer Use of Medicines Subcommittee. A guideline had been proposed to improve paracetamol safety. The ADTC Medicines Utilisation Subcommittee reviewed the guideline in November 2024, however the guideline was not approved due to concerns raised regarding the significant practical implications, including implementation, and the potential legal risks. The paper outlined the risks identified with the guideline and the potential next steps. The Committee acknowledged the practical challenges of the guideline, however, were supportive of the proposal overall. The Committee agreed that further discussion with the Chair of the Acute Clinical Governance Forum (ACGF), Dr Claire Harrow, was required. Ms Shannon agreed to provide a summary of the main issues for the Chair to discuss further with Dr Harrow to raise at the ACGF. **NOTED**		Ms Shannon/Dr Muir
21.	**SUCRALFATE (UNLICENSED IMPORT) FORMULARY APPEAL**		
	The Committee noted the paper sucralfate (unlicensed import) Formulary Appeal, presented by Ms Mairi Anne McLean. The Committee noted that Sucralfate 1g/5ml sugar free oral suspension was the only licensed formulation of sucralfate in the UK. For this reason, tablets were not currently included in the NHSGGC Adult Medicines Formulary. Adding sucralfate 1g tablets (unlicensed import) to the NHSGGC Adult Formulary would mitigate the risks associated with using sucralfate oral suspension first line.		

			ACTION BY
	With ADTCs support to submit a Formulary Appeal, approval would also be sought from the appropriate Prescribing Management Groups and Corporate Management Team. The Committee discussed the proposal and were content to support the proposal on the basis a prescribing note was added. **APPROVED**		
22.	**ADTC SUMCOMMITTEE SIX MONTHLY REPORTS**		
a)	**Medicines Utilisation Subcommittee**		
	Dr Amit Verma presented the paper 'Medicines Utilisation Subcommittee Six Monthly Report' [Paper 25/13]. Dr Verma reported that the subcommittee continued to review a number of guidelines and appeals. The Terms of Reference had been reviewed and updated to ensure they were relevant. The Committee were content to note the update. **NOTED**		
b)	**Non-Medicines Utilisation Subcommittee**		
	Ms Mairi-Anne McLean presented the paper 'Non-Medicines Utilisation Subcommittee Six Monthly Report' [Paper 25/14]. Ms McLean reported that the subcommittee continued to meet. There was currently no Vice Chair, however it was hoped that the vacancy would be filled soon. The Terms of Reference were under review to bring in line with the role and responsibility of the subcommittee. Finally, Ms McLean reported that the Formulary and guidelines were largely in date and compliance continued to be monitored. The Committee were content to note the paper. **NOTED**		
23.	**ANTIMICROBIAL UTILISATION SUBCOMMITTEE**		
	Ms Fiona Robb presented the paper 'Antimicrobial Utilisation Subcommittee Six Monthly Report' [Paper 25/15].		

			ACTION BY
	Ms Robb provided an update on the national antimicrobial prescribing targets to tackle antimicrobial resistance. She noted that by 2029, the aim was to reduce total antibiotic use in human populations by 5% from the 2019 baseline and achieve 70% of total use of antibiotics from the Access category (new UK category) across the human healthcare system. Ms Robb provided a summary of how the targets would be achieved. She noted that overall IV antibiotic use was no higher than in 2019 however, Q4 2024 vs Q3 2024 usage data reports an increase in protected antibiotics IV piperacillin/tazobactam and IV meropenem. The Creatinine Clearance (CrCl), Gentamicin and Vancomycin calculators were updated on the 2nd April 2025 to improve predictions of a patient's renal function and subsequent drug doses. The updates include improved clarity regarding patients receiving gender affirming therapy and a minimum height has been implemented. A guideline had been created. Following a previous Ombudsman enquiry, NHS GGC were advised to provide patients with information regarding the potential toxicities associated with gentamicin therapy. A patient information leaflet (PIL) was developed, and was now attached to the Gentamicin Prescribing, Administration and Monitoring (PAM) chart which you can tear off and give to the patient and/or carer. On Monday 31st March 2025, the NHS GGC OPAT service launched a satellite service at the Royal Alexandra Hospital to provide outpatient intravenous and complex oral antimicrobial therapy for patients in the Clyde sector. The service supported early discharge and admission avoidance, catering to patients with skin and soft tissue infections or resistant urinary tract infections needing intravenous therapy. The OPAT service, situated at the QEUH, provided a penicillin allergy de-labelling (PADL) service. It was anticipated that this service would also be provided at the RAH OPAT service however, formal approval for this expanded service was awaited. Ms Robb reported that a Staphylococcus aureus Network Adaptive Platform (SNAP) trial was ongoing. This was a randomised controlled trial that aimed to compare treatment outcomes. Ms Robb noted that discussions were ongoing with renal colleagues and noted that there was a slight cost difference. The paper highlighted antimicrobial guidelines that were approved/ updated at the Antimicrobial Utilisation Committee in Feb 2025 and were available on the RDS platform. Ms Robb highlighted that the guidance for Gentamicin and Vancomycin		

			ACTION BY
	Dosing in Adult Patients was not on StaffNet, however the initial doses hadn't changed. The Committee were content to note the update. **NOTED**		
24.	**ADTC SUBCOMMITTEE UPDATES**		
	a) Prescribing Interface Subcommittee No specific update. **NOTED**		
	b) Patient Group Directive No specific update **NOTED**		
	c) Communications Subcommittee No specific update. **NOTED**		
	d) Safer Use of Medicines Subcommittee No specific update. **NOTED**		
25.	**WoS REGIONAL FORMULARY**		
	Ms Aileen Muir presented the paper WoS Regional Formulary [Paper 25/16], which provided an overview of the expected benefits, development approach and timelines for the Wos Regional Formulary development. The first four chapters had been identified for review. Communication regarding engagement would commence, with a hope that Primary Care Pharmacists would be interested in contributing.		

			ACTION BY
	The Committee were content to note the update. **NOTED**		
26.	**ADTC COLLABORATIVE UPDATE**		
	Mr Colin Mason presented the paper ADTC Collaborative Update [Paper 25/17] and highlighted some areas of discussion from the last meeting on 26th February 2025, including: • Update to Asthma guidelines. • Quality Prescribing for Respiratory Conditions Guide - Toolkit available to support improvement. • Update on the Once for Scotland Mental Health Guidelines. • Invite of interest in ADTC Chair representation on NCMAG Council. • HIS were gathering views and experiences of people currently taking Valproate, or those that had recently stopped. • SMC – processes changing slightly. Further details on the above updates were available in the paper. The Committee were content to note the paper. **NOTED**		
27.	**Any Other Business**		
	Ms Mairi-Anne McLean presented the paper Medicines – Achieving Value and Sustainability in Prescribing Guidance (NHSGGC Position Statement) [Paper 25/18]. As part of sustainability and value, guidance had been provided for NHS Health Boards and clinicians, to minimise the unwarranted variation in the prescribing of medicines and make the most efficient use of resources. The position statement applied to recommendations made in the NHSGGC Formularies, clinical guidelines and to all individual prescribers. This position statement should be adhered to when reviewing proposals and making prescribing recommendations. The Committee were content to note the paper, and the update provided.		

			ACTION BY
	NOTED		
28.	**Date and Time of Next Scheduled Meeting**		
	Monday, 16 June 2025 at 2pm, via Microsoft Teams		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **28/04/2025**

bimekizumab

SMC2698

Bimzelx®

Indication:

Treatment of active moderate to severe hidradenitis suppurativa (HS) (acne inversa) in adults with an inadequate response to conventional systemic HS therapy.

ADTC Discussion points

Proposed as second-line treatment after adalimumib, and before secukinumab or off-label infliximab. Has a broader mode of action than secukinumab. Estimated patient number: 30 - 35 (based on current secukinumab usage). Experts report positive experience with using bimekizumab in patients with psoriasis.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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danicopan

SMC2675

Voydeya®

Indication:

Add-on to ravulizumab or eculizumab for the treatment of adult patients with paroxysmal nocturnal haemoglobinuria (PNH) who have residual haemolytic anaemia.

ADTC Discussion points

PNH is managed as part of national service.
No local GGC experts. NHSLA, who host outreach clinic in Scotland have accepted medicine for specialist use in line with national guidance. Consider adopting similar approach.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

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elafibranor

SMC2714

Iqirvo®

Indication:

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

ADTC Discussion points

Experts prefer bezafibrate to continue as the second-line treatment (off-label use) as good response seen with patients. Elafibranor may address unmet needs in patients who cannot tolerate bezafibrate (e.g. renal impairment) or who do not respond to existing options.
There may be some shift from obeticholic acid, which still has a role in combination therapy. Experts' estimated patient numbers are variable but for financial planning 10 patients/year (supported by 2 out of 3 experts) was used.
If accepted on formulary in-line with other treatment options for PBC then prescribing arrangement should be discussed between specialist clinic and primary care provider prior to treatment initiation.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

As per protocol

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iptacopan

SMC2676

Fabhalta®

Indication:

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

ADTC Discussion points

PNH is managed as part of national service.
No local GGC experts. NHSLA, who host outreach clinic in Scotland have accepted medicine for specialist use in line with national guidance. Consider adopting similar approach.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

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lebrikizumab

SMC2707

Ebglyss®

Indication:

Treatment of moderate-to-severe atopic dermatitis in adults and adolescents 12 years and older with a body weight of at least 40 kg who are candidates for systemic therapy.

ADTC Discussion points

Experts see this as 2nd line biologic agent after dupilumab and likely to displace tralokinumab.
40-50 patients per annum expected. May become 1st line with clinical experience. Offers less frequent maintenance dosing than dupilumab. Potential for delivery via homecare service. Consider inclusion on Formulary under specialist use.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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linzagolix

SMC2631

Yselty®

Indication:

Treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age.

ADTC Discussion points

No expert response. On Formulary Ryeqo (relugolix, estradiol and norethisterone) and ulipristal are listed for uterine fibroids.Consider whether to continue to defer decision on linzagolix or exclude from the Formulary in the absence of expert input.

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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crovalimab

SMC2728

Piasky®

Indication:

Monotherapy for the treatment of adult and paediatric patients 12 years of age or older with a weight of 40 kg and above with paroxysmal nocturnal haemoglobinuria (PNH):

- In patients with haemolysis with clinical symptom(s) indicative of high disease activity.
- In patients who are clinically stable after having been treated with a complement component 5 (C5) inhibitor for at least the past 6 months.

ADTC Discussion points

PNH is managed as part of national service.
No local GGC experts. NHSLA, who host outreach clinic in Scotland have accepted medicine for specialist use in line with national guidance. Consider adopting similar approach.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

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dapagliflozin

SMC2763

Forxiga®

Indication:

Treatment of chronic kidney disease (CKD).

ADTC Discussion points

This is use of dapagliflozin in an extended patient population, in-line with empagliflozin which is already on the formulary. Patient numbers uncertain. GGC CKD guideline would need to be updated.
Consider formulary position to be in-line with empagliflozin.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to initiation by clinicians, either in primary or secondary care, experienced in the treatment of CKD.

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olaparib

SMC2737

Lynparza®

Indication:

Monotherapy for the treatment of adult patients with germline BRCA1/2-mutations, who have HER2 negative locally advanced or metastatic breast cancer. Patients should have previously been treated with an anthracycline and a taxane in the (neo)adjuvant or metastatic setting unless patients were not suitable for these treatments. Patients with hormone receptor (HR)-positive breast cancer should also have progressed on or after prior endocrine therapy, or be considered unsuitable for endocrine therapy.

ADTC Discussion points

Accepted by RCAG Prescribing Advisory Subgroup meeting. Protocol under development.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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vibegron

SMC2696

Obgemsa®

Indication:

Symptomatic treatment of adult patients with overactive bladder (OAB) syndrome.

ADTC Discussion points

No expert response received. Mirabegron, a relevant comparator, is on the Formulary. Antimuscarinics remain first-line for OAB unless contraindicated. Vibegron has a slightly lower NHS list price than mirabegron (£26.68 per pack vs £29.00 per pack) and tablet can be crushed, unlike mirabegron. Consider the need for an additional beta-3 agonist in the absence of expert support.

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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cemiplimab

SMC2719

Libtayo®

Indication:

monotherapy for the treatment of adult patients with recurrent or metastatic cervical cancer and disease progression on or after platinum-based chemotherapy.

ADTC Discussion points

Approved by RCAG Prescribing Advisory Subgroup. Protocol still pending.

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

Recommended for addition to Formulary by Regional Cancer Advisory Group. Regional protocol for use has been approved.

ADTC Decision:

Routinely available in line with local or regional guidance

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

Recommended for addition to Formulary by Regional Cancer Advisory Group. Regional protocol for use has been approved.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Pomalidomide in combination with bortezomib and dexamethasone

NCMAG120

Indication:

Treatment of adult patients with multiple myeloma who have received at least one prior treatment regimen including lenalidomide

ADTC Discussion points

Recommended for addition to Formulary by Regional Cancer Advisory Group. Regional protocol for use has been approved.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Pomalidomide in combination with dexamethasone

NCMAG119

Indication:

Treatment of adult patients with multiple myeloma who have received one prior treatment regimen including lenalidomide, and where more effective alternatives are not suitable.

ADTC Discussion points

Recommended for addition to Formulary by Regional Cancer Advisory Group. Regional protocol for use has been approved.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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quizartinib

SMC2699

Vanflyta®

Indication:

In combination with standard cytarabine and anthracycline induction and standard cytarabine consolidation chemotherapy, followed by quizartinib single-agent maintenance therapy for adult patients with newly diagnosed acute myeloid leukaemia (AML) that is FLT3-ITD positive.

ADTC Discussion points

Accepted by RCAG Prescribing Advisory Subgroup meeting but protocol under development.

ADTC Decision:

Routinely available in line with local or regional guidance

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

Accepted by RCAG Prescribing Advisory Subgroup as per Clinical Management Guideline.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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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

Recommended for addition to Formulary by Regional Cancer Advisory Group. Regional protocol for use has been approved.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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zanubrutinib

SMC2684

Brukinsa®

Indication:

Monotherapy for the treatment of adult patients with marginal zone lymphoma (MZL) who have received at least one prior anti-CD20-based therapy.

ADTC Discussion points

Recommended for addition to Formulary by Regional Cancer Advisory Group. Regional protocol for use has been approved.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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amivantamab

SMC2768

Rybrevant®

Indication:

In combination with carboplatin and pemetrexed for the treatment of adult patients with advanced non-small cell lung cancer (NSCLC) with EGFR Exon 19 deletions or Exon 21 L858R substitution mutations after failure of prior therapy including an EGFR tyrosine kinase inhibitor (TKI).

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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atezolizumab

SMC2769

Tecentriq®

Indication:

Monotherapy for the first-line treatment of adult patients with advanced NSCLC who are ineligible for platinum-based therapy

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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ripretinib

SMC2722

Qinlock®

Indication:

Treatment of adult patients with advanced gastrointestinal stromal tumour (GIST) who have received prior treatment with three or more kinase inhibitors, including imatinib.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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spesolimab

SMC2729

Spevigo®

Indication:

Treatment of flares in adult patients with generalised pustular psoriasis (GPP) as monotherapy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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tebentafusp

SMC2746

Kimmtrak®

Indication:

Monotherapy for the treatment of human leukocyte antigen (HLA)-A*02:01-positive adult patients with unresectable or metastatic uveal melanoma.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

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

Recommended for addition to Formulary by Regional Cancer Advisory Group. Regional protocol for use has been approved.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Specialist use only

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alectinib

SMC2749

Alecensa®

Indication:

Monotherapy as adjuvant treatment for adult patients with Stage IB (tumours ≥ 4 cm) to IIIA (7th edition of the UICC/AJCC-staging system) anaplastic lymphoma kinase (ALK)-positive non-small cell lung cancer (NSCLC) following complete tumour resection.

ADTC Discussion points

Referred to RCAG 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:

16/06/2025

Local restrictions on use:

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anastrazole

NCMAG113

Indication:

primary prevention of breast cancer in post-menopausal people at moderate or high risk

ADTC Discussion points

National discussions on implementation are ongoing and may take some time. In the meantime, consider whether to continue deferring decision or to exclude it from the Formulary until further clarity is available.

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:

25/08/2025

Local restrictions on use:

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axicabtagene ciloleucel

SMC2695

Yescarta®

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

Await further advice from RCAG.

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:

16/06/2025

Local restrictions on use:

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cabozantinib

SMC2754

Indication:

Monotherapy for the treatment of hepatocellular carcinoma (HCC) in adults who have previously been treated with sorafenib.

ADTC Discussion points

Referred to RCAG 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:

16/06/2025

Local restrictions on use:

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durvalumab

SMC2734

Imfinzi®

Indication:

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

ADTC Discussion points

Referred to RCAG 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:

16/06/2025

Local restrictions on use:

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eplontersen

SMC2755

Wainzua®

Indication:

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

ADTC Discussion points

Awaiting clarification from NSS on whether the medicine will be included in the Risk Share Scheme, in line with other therapies for this condition.

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:

16/06/2025

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
09/12/24 - National discussions underway regarding funding streams.

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:

16/06/2025

Local restrictions on use:

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futibatinib

SMC2661

Lytgobi®

Indication:

Monotherapy for the treatment of adult patients with locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or rearrangement that have progressed after at least one prior line of systemic therapy.

ADTC Discussion points

Referred to RCAG 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:

16/06/2025

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

Genetic phenotyping service is currently supported via manufacturer.
There are local service implications for ongoing monitoring. A sepcialist regional clinic is under development. 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:

16/06/2025

Local restrictions on use:

Nivolumab, ipilimumab

NCMAG121

Indication:

Nivolumab in combination with ipilimumab for the neoadjuvant treatment of resectable stage III melanoma

ADTC Discussion points

Referred to RCAG 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:

16/06/2025

Local restrictions on use:

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pembrolizumab

NCMAG122

Indication:

For the neoadjuvant treatment of stage IIIB to IIID or oligometastatic resectable stage IV melanoma

ADTC Discussion points

Referred to RCAG 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:

16/06/2025

Local restrictions on use:

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raloxifene

NCMAG114

Indication:

Primary prevention of breast cancer in post-menopausal people at moderate or high risk who are not suitable for on-label alternatives.

ADTC Discussion points

National discussions regarding implementation pathways still in progress but may take a while. Consider whether to continue to defer decision or exclude from the Formulary until greater clarity is available on this.

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:

25/08/2025

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

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 formulary 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:

16/06/2025

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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talazoparib

SMC2753

Talzenna®

Indication:

In combination with enzalutamide for the treatment of adult patients with metastatic castration-resistant prostate cancer (mCRPC) in whom chemotherapy is not clinically indicated.

ADTC Discussion points

Referred to RCAG 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:

16/06/2025

Local restrictions on use:

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tamoxifen

NCMAG115

Indication:

Primary prevention of breast cancer in people at moderate or high risk

ADTC Discussion points

National discussions regarding implementation pathways still in progress but may take a while. Consider whether to continue to defer decision or exclude from the Formulary until greater clarity is available on this.

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:

25/08/2025

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

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:

16/06/2025

Local restrictions on use:

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pegunigalsidase alfa

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

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:

16/06/2025

Local restrictions on use: