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 a particular health board 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 ADTC, Grampian Area Drug and Therapeutics Committee, is responsible for advising NHS Grampian health board on all aspects of the use of medicines.

Medicines routinely available within NHS Grampian are usually included in the Grampian Joint Formulary. The formulary is a list of medicines for use in the health board that has been agreed by the ADTC in consultation with local clinical experts. It offers a choice of medicines for healthcare professionals to prescribe for common medical conditions. A 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 the health board decide which new medicines to make routinely available for patients?

The ADTC in a health board 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 a health board.

Why is a particular medicine not routinely available in NHS Grampian?

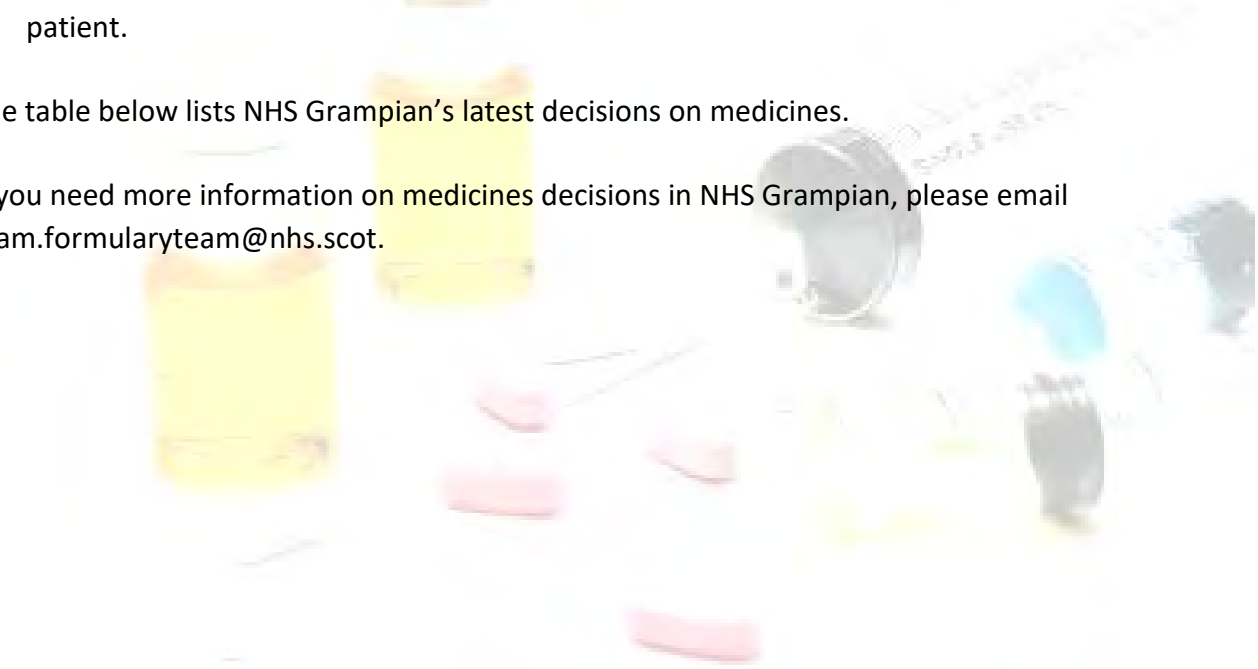
- This is usually because the medicine is not recommended for use in NHS Scotland by the SMC.
- The medicine may not be routinely available in a health board, particularly in smaller health boards, because there is not a suitable specialist who may use the medicine.
- There may also be differences as to 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 NHS Grampian?

- If a medicine is not routinely available and not included in the Grampian Joint 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. 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 Grampian's latest decisions on medicines.

If you need more information on medicines decisions in NHS Grampian, please email gram.formularyteam@nhs.scot.



This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
aflibercept 114.3mg/mL solution for intravitreal injection (Eylea®)		For the treatment of adults with: - Neovascular (wet) age-related macular degeneration (nAMD) - Visual impairment due to diabetic macular oedema (DMO)	Decision deferred to future meeting	19/03/2024
axicabtagene ciloleucel 0.4 – 2 x 10^8 cells dispersion for infusion (Yescarta®)	2628	For the 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.	Not routinely available as not recommended for use in NHS Scotland, SMC 2628 https://www.scottishmedicines.org.uk/media/8169/axicabtagene-ciloleucel-yescarta-final-amended-060324-for-website.pdf	19/03/2024
dienogest 2mg tablets	462/23	For the treatment of endometriosis.	Routinely available in line with local guidance	19/03/2024
hydrogen peroxide 1% cream (Crystacide®)	NG153	For initial treatment of localised non-bullous impetigo in patients who are not systemically unwell or at high risk of complications.	Routinely available in line with national guidance, NG153 https://www.nice.org.uk/guidance/ng153	19/03/2024
ivosidenib 250mg film-coated tablet (Tibsovo®)	2615	In combination with azacitidine for the treatment of adult patients with newly diagnosed acute myeloid leukaemia (AML) with an isocitrate dehydrogenase-1 (IDH1) R132 mutation who are not eligible to receive standard induction chemotherapy.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	19/03/2024
Jorveza® 0.5mg, 1mg orodispersible tablet (budesonide)	460/23	For the maintenance of remission of eosinophilic esophagitis (EoE) in adults who have been unsuccessfully treated with proton pump inhibitors.	Routinely available in line with local guidance	19/03/2024
Maalox® 175mg/200mg oral suspension (aluminium hydroxide/magnesium hydroxide)		Antacid therapy in gastric and duodenal ulcer, gastritis, heartburn and gastric hyperacidity.	This medicine is now withdrawn from use/discontinued	19/03/2024
Maalox® Plus 175mg/200mg/25mg oral suspension (aluminium hydroxide/magnesium hydroxide/simeticone)		For the symptomatic relief of: 1. Dyspepsia 2. Heartburn 3. Flatulence	This medicine is now withdrawn from use/discontinued	19/03/2024

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
nirmatrelvir 150mg plus ritonavir 100mg film coated tablets (Paxlovid®)	2557	Treatment of COVID-19 in adults who do not require supplemental oxygen and who are at increased risk for progression to severe COVID-19. **SMC restriction**: patients with any of the following: - increased risk for progression to severe COVID-19, as defined in section 5 of NICE final guidance - age 70 years and over - a body mass index (BMI) of 35 kg/m^2 or more - diabetes - heart failure	Not routinely available as the ADTC is waiting for further advice from local clinical experts	19/03/2024
ocriplasmin 0.5mg/0.2mL concentrate for solution for injection (Jetrea®)	892/14	For the treatment of vitreomacular traction (VMT), including when associated with macular hole of diameter less than or equal to 400microns.	This medicine is now withdrawn from use/discontinued	19/03/2024
olaparib 100mg, 150mg film-coated tablets (Lynparza®)	2617	In combination with abiraterone and prednisone or prednisolone for the treatment of adult patients with metastatic castration resistant prostate cancer (mCRPC) in whom chemotherapy is not clinically indicated.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	19/03/2024
olipudase alfa 20mg powder for concentrate for solution for infusion (Xenpozyme®)	2560	As an enzyme replacement therapy for the treatment of non-Central Nervous System (CNS) manifestations of Acid Sphingomyelinase Deficiency (ASMD) in paediatric and adult patients with type A/B or type B.	Not routinely available in NHS Grampian. If local need identified, treatment is available through the National Services Scotland Ultra-orphan medicines Risk Share Scheme	19/03/2024

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
pembrolizumab 25mg/mL concentrate for solution for infusion (Keytruda®)	2589	As monotherapy for the treatment of the following microsatellite instability high (MSI-H) or mismatch repair deficient (dMMR) tumours in adults with unresectable or metastatic: - colorectal cancer after previous fluoropyrimidine-based combination therapy - gastric, small intestine or biliary cancer, who have disease progression on or following at least one prior therapy. **Restriction:** pembrolizumab is stopped at 2 years of uninterrupted treatment, or earlier if the cancer progresses.	Routinely available in line with local guidance	19/03/2024
pitolisant 4.5mg, 18mg film-coated tablets (Wakix®)	2662	To improve wakefulness and reduce excessive daytime sleepiness (EDS) in adult patients with obstructive sleep apnoea (OSA) whose EDS has not been satisfactorily treated by, or who have not tolerated, OSA primary therapy, such as continuous positive airway pressure (CPAP).	Not routinely available as not recommended for use in NHS Scotland, SMC 2662 https://www.scottishmedicines.org.uk/media/8164/pitolisant-wakix-non-sub-final-feb-2024-for-website.pdf	19/03/2024
Produodopa® 240mg/mL / 12mg/mL solution for infusion (foslevodopa/foscarbidopa)	2574	Treatment of advanced levodopa-responsive Parkinson's disease with severe motor fluctuations and hyperkinesia or dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results. **SMC restriction**: for use in patients not eligible for deep brain stimulation (DBS).	Not routinely available as the ADTC is waiting for further advice from local clinical experts	19/03/2024
regorafenib 40mg film-coated tablets (Stivarga®)	2562	As monotherapy for the treatment of adults with metastatic colorectal cancer who have been previously treated with, or are not considered candidates for, available therapies. These include fluoropyrimidine-based chemotherapy, an anti-VEGF therapy and an anti-EGFR therapy.	Routinely available in line with national guidance, SMC 2562 https://www.scottishmedicines.org.uk/media/7882/regorafenib-stivarga-final-sept-2023-amended-180923-for-website-amended-161023.pdf	19/03/2024

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
satralizumab 120mg solution for injection in pre-filled syringe (Enspryng®)	2663	As a monotherapy or in combination with immunosuppressive therapy (IST) for the treatment of neuromyelitis optica spectrum disorders (NMOSD) in adult and adolescent patients from 12 years of age who are anti-aquaporin-4 IgG (AQP4-IgG) seropositive.	Not routinely available as not recommended for use in NHS Scotland, SMC 2663 https://www.scottishmedicines.org.uk/media/8165/satralizumab-enspryng-non-sub-final-feb-2024-for-website.pdf	19/03/2024
talazoparib 0.25mg, 1mg hard capsules (Talzenna®)	2607	As 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 been previously treated with an anthracycline and/or a taxane in the (neo)adjuvant, locally advanced or metastatic setting unless patients were not suitable for these treatments. Patients with hormone receptor (HR)-positive breast cancer should have been treated with a prior endocrine-based therapy, or be considered unsuitable for endocrine-based therapy.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	19/03/2024