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?

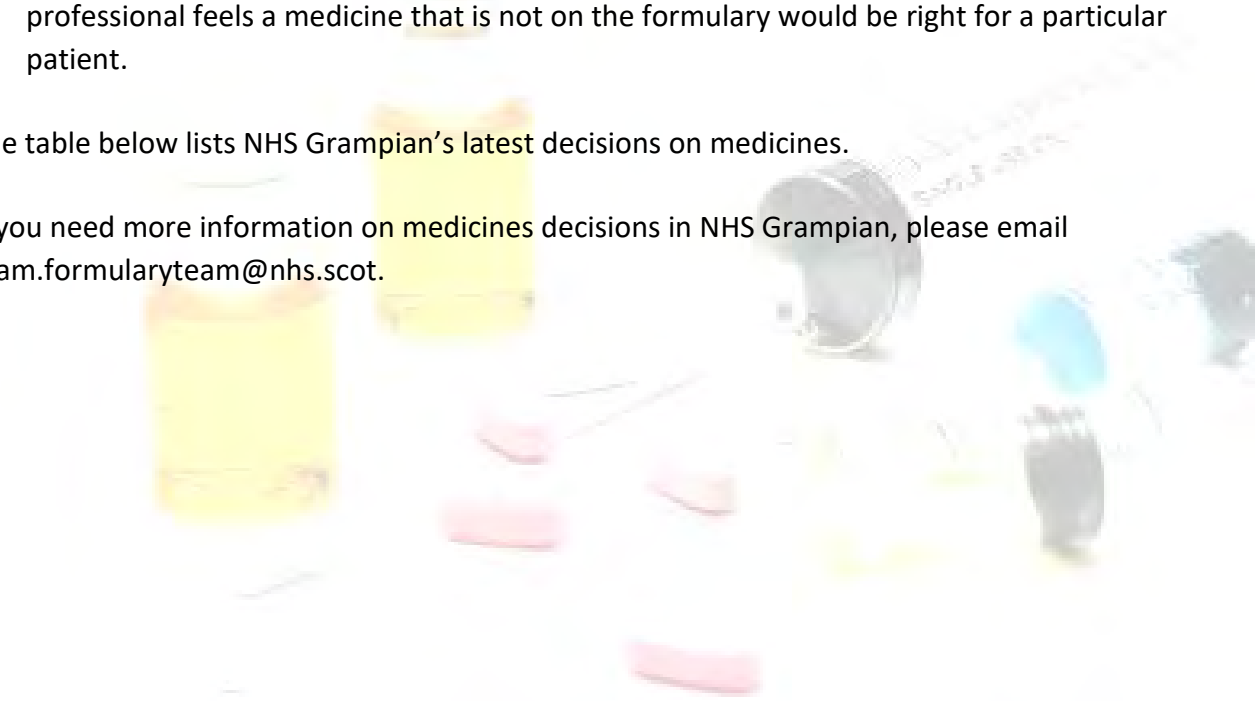
- This is usually because the medicine is not recommended for use in NHS Scotland by the SMC.
- The medicine may not be routinely available in a health board, particularly in smaller health boards, because there is not a suitable specialist who may use the medicine.
- There may also be differences as 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
dabrafenib 10mg dispersible tablets (Finlee®)	2667	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	Not routinely available as the ADTC is waiting for further advice from local clinical experts	17/09/2024
dostarlimab 500mg concentrate for solution for infusion (Jemperli®)	2635	In combination with platinum-containing chemotherapy for the treatment of adults with mismatch repair deficient (dMMR)/microsatellite instability-high (MSI-H) primary advanced or recurrent endometrial cancer and who are candidates for systemic therapy.	Routinely available in line with national guidance, SMC 2635 https://scottishmedicines.org.uk/media/8231/dostarlimab-jemperli-final-march-2024-for-website.pdf	17/09/2024
elranatamab 40mg/mL solution for injection (Elrexfio®)	2669	As 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.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	17/09/2024
Glandosane artificial saliva spray		For the treatment of dry mouth as a result of having (or having undergone) radiotherapy or sicca syndrome.	This medicine is now withdrawn from use/discontinued	17/09/2024
ivosidenib 250mg film-coated tablet (Tibsovo®)	2615	In combination with azacitidine for the treatment of adults with newly diagnosed acute myeloid leukaemia (AML) with an isocitrate dehydrogenase-1 (IDH1) R132 mutation who are not eligible to receive standard induction chemotherapy.	Routinely available in line with national guidance, SMC 2615 https://scottishmedicines.org.uk/media/8163/ivosidenib-tibsovo-final-feb-2024-for-website.pdf	17/09/2024

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
ivosidenib 250mg film-coated tablet (Tibsovo®)	2664	As 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.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	17/09/2024
Kaftrio® 37.5mg/25mg/50mg, 75mg/50mg/100mg film coated tablets, 60mg/40mg/80mg, 75mg/50mg/100mg granules (elexacaftor/ivacaftor/tezacaftor)	2713	For use in a combination regimen with ivacaftor for the treatment of cystic fibrosis (CF) in people aged 2 years and older who have at least one *F508del* mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.	Routinely available in line with national guidance, NICE TA988 https://www.nice.org.uk/guidance/ta988	17/09/2024
levonorgestrel 52mg (20micrograms/24 hours) Intrauterine Delivery System (Benilexa® One Handed)		For: - contraception for 8 years (licence extension) - heavy menstrual bleeding, efficacy data for 3 years. The device may be used for more than 3 years if symptoms are controlled, and removed or replaced no later than 8 years after insertion.	Routinely available in line with local guidance	17/09/2024
levonorgestrel 52mg (20micrograms/24 hours) Intrauterine Delivery System (Benilexa® One Handed)		[off-label use] endometrial protection for 5 years for individuals using oestrogen as part of hormone replacement therapy (HRT).	Routinely available in line with national guidance, The Faculty of Sexual & Reproductive Healthcare (FSRH) https://www.fsrh.org/Common/Uploaded%20files/documents/fsrh-clinical-guideline-intrauterine-contraception-mar-23-amended.pdf	17/09/2024
levonorgestrel 52mg (20micrograms/24 hours) Intrauterine Delivery System (Levosert®)		Heavy menstrual bleeding, efficacy data for 3 years. The device may be used for more than 3 years if symptoms are controlled, and removed or replaced no later than 8 years after insertion.	Routinely available in line with local guidance	17/09/2024
levonorgestrel 52mg (20micrograms/24 hours) Intrauterine Delivery System (Mirena®)		Idiopathic menorrhagia, efficacy data for 5 years. The device may be used for more than 5 years if symptoms are controlled, and removed or replaced no later than 8 years after insertion.	Routinely available in line with local guidance	17/09/2024

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
mepolizumab 100mg powder for solution for injection (Nucala®)		As add on treatment for severe eosinophilic asthma in adults, adolescents and children aged 6 years and over	This medicine is now withdrawn from use/discontinued. The 100mg pre-filled syringe/pen and 40mg pre-filled syringe remain available.	17/09/2024
olive oil B.P.		For the treatment of cradle cap.	Decision deferred to future meeting	17/09/2024
Orkambi® 100mg/125mg, 200mg/125mg film-coated tablets, 75mg /94mg, 100mg/125mg, 150mg/188mg granules in sachets (lumacaftor/ivacaftor)	2712	For the treatment of cystic fibrosis (CF) in people aged 1 year and older who have 2 copies of the cystic fibrosis transmembrane conductance regulator (CFTR) gene with *F508del* mutations.	Routinely available in line with national guidance, NICE TA988 https://www.nice.org.uk/guidance/ta988	17/09/2024
pegcetacoplan 1,080mg solution for infusion (Aspaveli®)	2715	As monotherapy in the treatment of adult patients with paroxysmal nocturnal haemoglobinuria (PNH) who have haemolytic anaemia.	Not routinely available as not recommended for use in NHS Scotland, SMC 2715 https://scottishmedicines.org.uk/media/8571/pegcetacoplan-aspaveli-non-sub-final-august-2024-for-website.pdf	17/09/2024
Symkevi® 50mg/75mg, 100mg/150mg film-coated tablets (tezacaftor/ivacaftor)	2711	For use in a combination regimen with ivacaftor tablets for the treatment of people with cystic fibrosis (CF) aged 6 years and older who have: - 2 copies of the CFTR gene with *F508del* mutations, or - a copy of the CFTR gene with an *F508del* mutation and a copy of the CFTR gene with 1 of the mutations listed - *P67L, R117C, L206W, R352Q, A455E, D579G, 711+3A→G, S945L, S977F, R1070W, D1152H, 2789+5G→A, 3272-26A→G, and 3849+10kbC→T*	Routinely available in line with national guidance, NICE TA988 https://www.nice.org.uk/guidance/ta988	17/09/2024

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
teclistamab 10mg/mL, 90mg/mL solution for injection (Tecvayli®)	2668	As 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.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	17/09/2024
volanesorsen 285mg solution for injection in pre-filled syringe (Waylivra®)	2716	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.	Not routinely available as not recommended for use in NHS Scotland, SMC 2716 https://scottishmedicines.org.uk/media/8573/volanosorsen-waylivra-non-sub-final-august-2024-for-website.pdf	17/09/2024
zilucoplan 16.6mg, 23mg, 32.4mg solution for injection in pre-filled syringe (Zilbrysq®)	2717	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.	Not routinely available as not recommended for use in NHS Scotland, SMC 2717 https://scottishmedicines.org.uk/media/8574/zilucoplan-zilbrysq-non-sub-final-august-2024-for-website.pdf	17/09/2024