

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.

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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
amikacin liposomal 590mg nebuliser dispersion (Arikayce®)	2432	Treatment of non-tuberculous mycobacterial (NTM) lung infections caused by <i>Mycobacterium avium</i> Complex (MAC) in adults with limited treatment options who do not have cystic fibrosis. Consideration should be given to official guidance on the appropriate use of antibacterial agents.	Routinely available in line with national guidance, SMC 2432 https://scottishmedicines.org.uk/media/6539/amikacin-arikayce-resub-final-november-2021-for-website.pdf	19/05/2026
amivantamab 1,600mg, 2,240mg solution for injection (Rybrevant®)	2834	In combination with lazertinib for the first-line treatment of adult patients with advanced non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) Exon 19 deletions or Exon 21 L858R substitution mutations.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	19/05/2026
belantamab mafodotin 70mg, 100mg powder for concentrate for solution for infusion (Blenrep®)	2727	In combination with bortezomib and dexamethasone for the treatment of adults with relapsed or refractory multiple myeloma eligible for second line treatment for whom lenalidomide is an unsuitable treatment option.	Routinely available in line with local guidance	19/05/2026
blinatumomab 38.5micrograms powder for concentrate and solution for infusion (Blincyto®)	2808	For the treatment of adults with Philadelphia chromosome negative CD19-positive B-cell precursor acute lymphoblastic leukaemia (ALL) in the frontline consolidation phase.	Routinely available in line with national guidance, SMC 2808 https://scottishmedicines.org.uk/media/9427/blinatumomab-blincyto-final-aug-2025-for-website.pdf	19/05/2026
brentuximab vedotin 50mg powder for concentrate for solution for infusion (Adcetris®)	2925	For adult patients with previously untreated CD30+ Stage IIB with risk factors, Stage III or Stage IV Hodgkin lymphoma (HL) in combination with etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone (BrECADD).	Not routinely available as not recommended for use in NHS Scotland, SMC 2925 https://scottishmedicines.org.uk/media/10273/brentuximab-vedotin-adcetris-non-sub-final-april-2026-for-website.pdf	19/05/2026
budesonide 4mg modified release hard capsules (Kinpeygo®)	2814	Treatment of adults with primary immunoglobulin A nephropathy (IgAN) with a urine protein excretion ≥ 1.0 g/day (or urine protein-to-creatinine ratio ≥ 0.8 g/g*). *equivalent to ≥ 90 mg/mmol	Not routinely available as the ADTC is waiting for further advice from local clinical experts	19/05/2026

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budesonide 4mg suppository	2855	For the short-term treatment of mild to moderate acute ulcerative colitis limited to the rectum (ulcerative proctitis) in adults.	Routinely available in line with national guidance. SMC 2855 https://scottishmedicines.org.uk/media/9551/budesonide-budenofalk-abb-final-oct-2025-for-website.pdf	19/05/2026
durvalumab 50mg/mL concentrate for solution for infusion (Imfinzi®)	2818	As monotherapy for the treatment of adults with limited-stage small cell lung cancer (LS-SCLC) whose disease has not progressed following platinum-based chemoradiation therapy.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	19/05/2026
enfortumab vedotin 20mg, 30mg powder for concentrate for solution for infusion (Padcev®)	2842	In combination with pembrolizumab, for the first-line treatment of adult patients with unresectable or metastatic urothelial cancer who are eligible for platinum-containing chemotherapy. SMC restriction: treatment with pembrolizumab is subject to a two-year clinical stopping rule.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	19/05/2026
etonogestrel 68mg implant for subdermal use (Nexplanon®)		Contraception. One implant can be left in place for five years.	Routinely available in line with local guidance	19/05/2026
ferric carboxymaltose 50mg iron/mL solution for infusion (Feristark®)		For the treatment of iron deficiency (children, adolescents and adults 1 year and older) when: <ul style="list-style-type: none"> • oral iron preparations are ineffective • oral iron preparations cannot be used • there is a clinical need to deliver iron rapidly The diagnosis of iron deficiency must be based on laboratory tests.	Routinely available in line with local guidance	19/05/2026
ferric carboxymaltose 50mg iron/mL solution for injection/infusion (Ferinject®)		For the treatment of iron deficiency. Restriction: when oral iron preparations are ineffective or cannot be used.	Not routinely available as there is a local preference for alternative medicines	19/05/2026

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gefapixant 45mg film-coated tablets (Lyfnua®)	2926	In adults for the treatment of refractory or unexplained chronic cough.	Not routinely available as not recommended for use in NHS Scotland, SMC 2926 https://scottishmedicines.org.uk/media/10268/gefapixant-lyfnua-non-sub-final-april-2026-for-website.pdf	19/05/2026
isatuximab 20mg/mL concentrate for solution for infusion (Sarclisa®)	2804	In combination with bortezomib, lenalidomide, and dexamethasone, for the treatment of adults with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplant.	Routinely available in line with local guidance	19/05/2026
nemolizumab 30mg powder and solvent for solution for injection in pre-filled pen (Nemluvio®)	2832	For the treatment of adults with moderate-to-severe prurigo nodularis (PN) who are candidates for systemic therapy.	Not routinely available as not recommended for use in NHS Scotland, SMC 2832 https://scottishmedicines.org.uk/media/10269/nemolizumab-nemluvio-pn-final-april-2026-for-website.pdf	19/05/2026
nivolumab 10mg/mL concentrate for solution for infusion (Opdivo®)	126	[Off-label use] in combination with ipilimumab for the neoadjuvant treatment of adults with mismatch repair deficient or microsatellite instability-high locally advanced colon cancer classified as T4 or borderline resectable.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	19/05/2026
peginterferon alfa-2a 90micrograms, 135micrograms, 180micrograms solution for injection in pre-filled syringe (Pegasys®)	2936	As monotherapy in adults for the treatment of polycythaemia vera.	Not routinely available as not recommended for use in NHS Scotland, SMC 2936 https://scottishmedicines.org.uk/media/10270/peginterferon-alfa-2a-pegasys-non-sub-final-april-2026-for-website.pdf	19/05/2026
peginterferon alfa-2a 90micrograms, 135micrograms, 180micrograms solution for injection in pre-filled syringe (Pegasys®)	2937	As monotherapy in adults for the treatment of essential thrombocythaemia.	Not routinely available as not recommended for use in NHS Scotland, SMC 2937 https://scottishmedicines.org.uk/media/10271/peginterferon-alfa-2a-pegasys-non-sub-final-april-2026-smc2937-for-website.pdf	19/05/2026

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zolbetuximab 100mg powder for concentrate for solution for infusion (Vyloy®)	2839	In combination with fluoropyrimidine- and platinum-containing chemotherapy, for the first-line treatment of adults with locally advanced unresectable or metastatic human epidermal growth factor receptor 2 (HER2)-negative gastric or gastro-oesophageal junction (GEJ) adenocarcinoma whose tumours are Claudin (CLDN) 18.2 positive.	Routinely available in line with national guidance, SMC 2839 https://scottishmedicines.org.uk/media/9663/zolbetuximab-vyloy-final-dec-2025-for-website.pdf	19/05/2026