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?

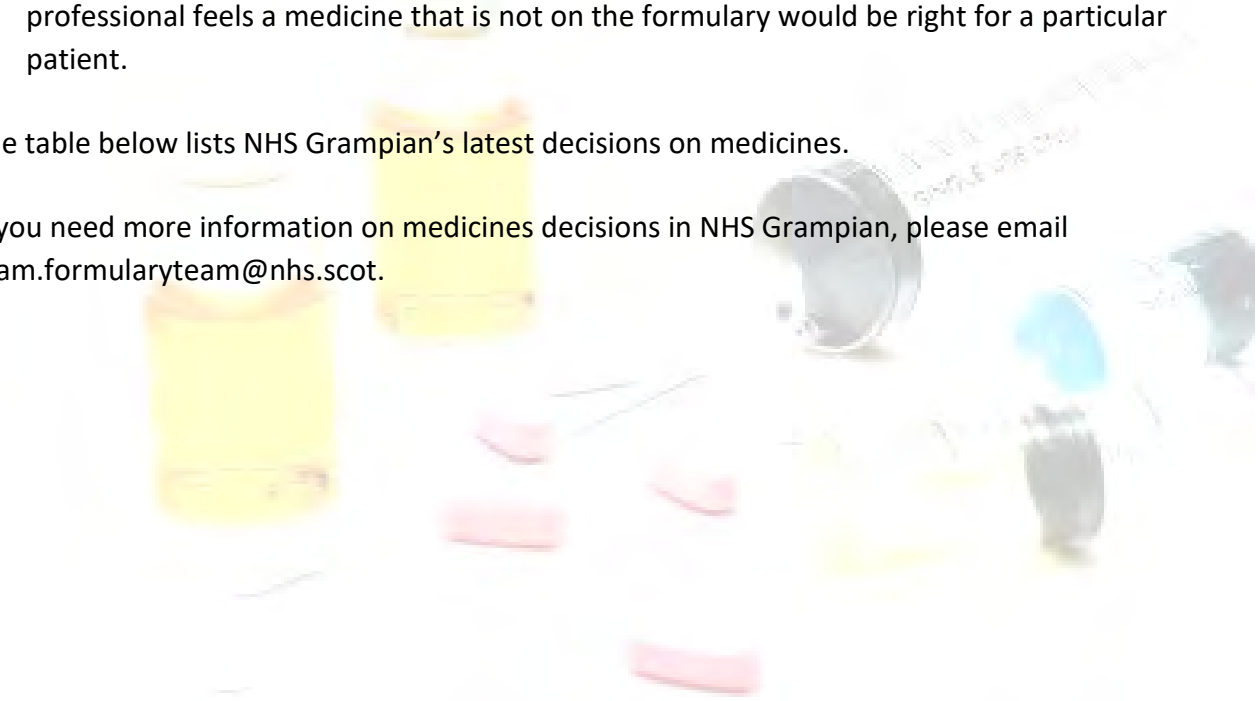
- This is usually because the medicine is not recommended for use in NHS Scotland by the SMC.
- The medicine may not be routinely available in a health board, particularly in smaller health boards, because there is not a suitable specialist who may use the medicine.
- There may also be differences as 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 |
|---|---|---|---|---|
| acalabrutinib 100mg film-coated tablets (Calquence®) | 2893 | In combination with venetoclax for the treatment of adults with previously untreated chronic lymphocytic leukaemia (CLL). | Routinely available in line with national guidance, SMC 2893 https://scottishmedicines.org.uk/media/9971/acalabrutinib-calquence-abb-final-march-2026-for-website.pdf | 16/06/2026 |
| Akeega® 50mg/500mg, 100mg/500mg film-coated tablets (niraparib/abiraterone) | 2942 | With prednisone or prednisolone for the treatment of adult patients with metastatic castration-resistant prostate cancer (mCRPC) and BRCA 1/2 mutations (germline and/or somatic) in whom chemotherapy is not clinically indicated. | Not routinely available as not recommended for use in NHS Scotland, SMC 2942 https://scottishmedicines.org.uk/media/10367/niraparib_abiraterone-akeega-non-sub-final-may-2026-for-website.pdf | 16/06/2026 |
| ataluren 125mg, 250mg, 1,000mg granules for oral suspension (Translarna®) | 2827 | Treatment of Duchenne muscular dystrophy resulting from a nonsense mutation in the dystrophin gene, in ambulatory patients aged 2 years and older. The presence of a nonsense mutation in the dystrophin gene should be determined by genetic testing. | Not routinely available as not recommended for use in NHS Scotland, SMC 2827 https://scottishmedicines.org.uk/media/10361/umar-uo-reassessment-ataluren-translarna-final-may-2026-for-website.pdf | 16/06/2026 |
| capsaicin 179mg cutaneous patch (Qutenza®) | 2861 | Alone or in combination with other medicinal products for the treatment of painful diabetic peripheral neuropathy in adults who have not achieved adequate pain relief from, or have not tolerated, conventional first- and second-line treatments. | Routinely available in line with local guidance | 16/06/2026 |
| chloramphenicol 250mg capsules | | Typhoid fever and life-threatening infections, particularly those caused by Haemophilus influenzae where other antibiotics will not suffice. | This medicine is now withdrawn from use/discontinued | 16/06/2026 |
| darolutamide 300mg film-coated tablets (Nubeqa®) | 2940 | Treatment of adult men with metastatic hormone-sensitive prostate cancer (mHSPC) in combination with androgen deprivation therapy. | Not routinely available as not recommended for use in NHS Scotland, SMC 2940 https://scottishmedicines.org.uk/media/10364/darolutamide-nubeqa-non-sub-final-may-2026-for-website.pdf | 16/06/2026 |

| Name | Unique identifier | Condition being treated | NHS Grampian decision | Date of decision |
|---|---|---|---|---|
| difelikefalin 50micrograms/mL solution for injection (Kapruvia®) | 2623 | Treatment of moderate-to-severe pruritus associated with chronic kidney disease in adults on haemodialysis with an inadequate response to best supportive care for reducing itch. | Routinely available in line with national guidance, SMC 2623 https://scottishmedicines.org.uk/media/8108/difelikefalin-kapruvia-final-jan-2024-for-website.pdf | 16/06/2026 |
| dupilumab 300mg solution for injection in pre-filled pen and syringe (Dupixent®) | 2851 | As an add-on therapy with intranasal corticosteroids for the treatment of adults with severe chronic rhinosinusitis with nasal polyps for whom therapy with systemic corticosteroids and/or surgery do not provide adequate disease control.<br>**SMC restriction**: patients who have had one or more prior surgery for chronic rhinosinusitis with nasal polyps and have a SNOT-22 score of 50 or higher. | Not routinely available as the ADTC is waiting for further advice from local clinical experts | 16/06/2026 |
| hydrocortisone sodium phosphate 100mg/1mL solution for injection ampoules | | This presentation permits rapid use in emergency situations involving the following conditions:<br>- Status asthmaticus and acute allergic reactions, including anaphylactic reaction to drugs. This medicine supplements the action of adrenaline.<br>- Severe shock arising from surgical or accidental trauma or overwhelming infection.<br>- Acute adrenal insufficiency caused by abnormal stress in Addison's disease, hypopituitarism, following adrenalectomy, and when adrenocortical function has been suppressed by prolonged corticosteroid therapy.<br>- Soft tissue lesions such as tennis elbow, tenosynovitis, or bursitis.<br>Note: This medicine does not replace other forms of therapy for the treatment of shock and status asthmaticus. | This medicine is now withdrawn from use/discontinued | 16/06/2026 |

| Name | Unique identifier | Condition being treated | NHS Grampian decision | Date of decision |
|---|---|---|---|---|
| nintedanib 25mg soft capsules (Ofev®) | 2941 | In children and adolescents from 6 to 17 years old for the treatment of clinically significant, progressive fibrosing interstitial lung diseases (ILDs). | Not routinely available as not recommended for use in NHS Scotland, SMC 2941 https://scottishmedicines.org.uk/media/10366/nintedanib-ofev-non-sub-final-may-2026-for-website.pdf | 16/06/2026 |
| odevixibat 200micrograms, 400micrograms, 600micrograms, 1,200micrograms hard capsules (Bylvay®) | 2843 | For the treatment of progressive familial intrahepatic cholestasis (PFIC) in patients aged 6 months or older. | Not routinely available as the ADTC is waiting for further advice from local clinical experts | 16/06/2026 |
| pembrolizumab 25mg/mL concentrate for solution for infusion, 395mg, 790mg solution for injection (Keytruda®) | 2829 | In combination with chemoradiotherapy (external beam radiation therapy followed by brachytherapy), for the treatment of FIGO 2014 Stage III - IVA locally advanced cervical cancer in adults who have not received prior definitive therapy. | Routinely available in line with national guidance, SMC 2829 https://scottishmedicines.org.uk/media/9969/pembrolizumab-keytruda-final-march-2026-for-website.pdf | 16/06/2026 |
| semaglutide 0.25mg, 0.5mg, 1mg, 1.7mg 2.4mg solution for injection in pre-filled pen (Wegovy®) | 2872 | As an adjunct to a reduced-calorie diet and increased physical activity to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight (BMI ≥27 kg/$m^2$). | Not routinely available as the ADTC is waiting for further advice from local clinical experts | 16/06/2026 |

| Name | Unique identifier | Condition being treated | NHS Grampian decision | Date of decision |
|---|---|---|---|---|
| sparsentan 200mg, 400mg film-coated tablet (Filspari®) | 2847 | Treatment of adults with primary immunoglobulin A nephropathy (IgAN) with a urine protein excretion ≥1.0 g/day (or urine protein-to-creatinine ratio ≥0.75 g/g*).<br>*equivalent to ≥85 mg/mmol<br>**SMC restriction**: patients whose condition has not responded adequately to current standard of care that is; maximally tolerated angiotensin converting enzyme inhibitor or angiotensin receptor blocker and sodium-glucose cotransporter-2 inhibitor, as appropriate. Patients should stop sparsentan at week 24 if no response to treatment. | Not routinely available as the ADTC is waiting for further advice from local clinical experts | 16/06/2026 |
| tafasitamab 200mg powder for concentrate for solution for infusion (Minjuvi®) | 2943 | In combination with lenalidomide and rituximab for the treatment of adult patients with relapsed or refractory follicular lymphoma (FL) (Grade 1-3a) after at least one line of systemic therapy. | Not routinely available as not recommended for use in NHS Scotland,<br>SMC 2943<br>https://scottishmedicines.org.uk/media/10359/tafasitamab-minjuvi-non-sub-final-may-2026-for-website.pdf | 16/06/2026 |
| talquetamab 2mg/mL, 40mg/mL solution for injection (Talvey®) | 2863 | As monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma, who have received at least 3 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 | 16/06/2026 |
| vorasidenib 10mg, 40mg film-coated tablets (Voranigo®) | 2844 | For the treatment of Grade 2 astrocytoma or oligodendroglioma with a susceptible isocitrate dehydrogenase-1 (IDH1) mutation or isocitrate dehydrogenase-2 (IDH2) mutation in adults and paediatric patients 12 years and older, who are not in need of immediate chemotherapy or radiotherapy following surgical intervention. | Routinely available in line with national guidance,<br>SMC 2844<br>https://scottishmedicines.org.uk/media/9887/vorasidenib-voranigo-final-feb-2026-for-website.pdf | 16/06/2026 |