

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
Altimos® Modulite® 12micrograms/actuation pressurised inhalation solution (formoterol fumarate dihydrate)		- for the long-term symptomatic treatment of persistent, moderate to severe asthma in patients requiring regular bronchodilator therapy in combination with long-term anti-inflammatory therapy (inhaled and/or oral glucocorticoids). Glucocorticoid therapy should be continued on a regular basis. - for the relief of broncho-obstructive symptoms in patients with chronic obstructive pulmonary disease (COPD).	This medicine is now withdrawn from use/discontinued	15/09/2026
arsenic trioxide 1mg/mL concentration for solution for infusion		In line with current formulary acceptance for arsenic trioxide.	Routinely available in line with local guidance	15/09/2026
arsenic trioxide 2mg/mL concentrate for solution for infusion (Trisenox®)		For induction of remission, and consolidation in adults with: - Newly diagnosed low-to-intermediate risk acute promyelocytic leukaemia (APL) (white blood cell count, $\leq 10 \times 10^3/\mu\text{l}$) in combination with all-trans-retinoic acid (ATRA) - Relapsed/refractory acute promyelocytic leukaemia (APL) (previous treatment should have included a retinoid and chemotherapy) characterised by the presence of the t(15;17) translocation and/or the presence of the promyelocytic leukaemia/retinoic-acid-receptor-alpha (PML/RAR-alpha) gene.	Not routinely available as there is a local preference for alternative medicines	15/09/2026

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
atidarsagene autotemcel 2-10 x 10 ⁶ cells/mL dispersion for infusion (Libmeldy®)	2886	Treatment of metachromatic leukodystrophy (MLD) characterized by biallelic mutations in the arylsulfatase A (ARSA) gene leading to a reduction of the ARSA enzymatic activity: - in children with late infantile or early juvenile forms, without clinical manifestations of the disease, - in children with the early juvenile form, with early clinical manifestations of the disease, who still have the ability to walk independently and before the onset of cognitive decline.	Routinely available from a specialist centre in another health board	15/09/2026
avacopan Vifor 10mg hard capsules (previously Tavneos®)		In combination with a rituximab or cyclophosphamide regimen, for the treatment of adults with severe, active granulomatosis with polyangiitis (GPA) or microscopic polyangiitis (MPA).	The MHRA has recommended that the marketing authorisation of the medicine be revoked. The MHRA has informed the marketing authorisation holder of its decision to suspend the use, supply, and sale of Avacopan Vifor to new patients from 1 September 2026. The MHRA intends to revoke the UK marketing authorisation on 1 March 2027.	15/09/2026
Bevespi Aerosphere® 7.2micrograms/5micrograms pressurised inhalation, suspension (glycopyrronium/formoterol fumarate)	2652	As a maintenance bronchodilator treatment to relieve symptoms in adults with chronic obstructive pulmonary disease (COPD).	Routinely available in line with local guidance	15/09/2026
capivasertib 160mg, 200mg film-coated tablet (Truqap®)	2930	In combination with fulvestrant for the treatment of adult patients with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative (defined as IHC 0 or 1+, or IHC 2+/ISH-) locally advanced or metastatic breast cancer with one or more PIK3CA/AKT1/PTEN-alterations following recurrence or progression on or after an endocrine based regimen. SMC restriction: restricted to patients whose disease has progressed following CDK4/6 inhibitor plus aromatase inhibitor therapy.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	15/09/2026

Name	Unique identifier	Condition being treated	NHS Grampian decision	Date of decision
Clenil® Modulite® 50micrograms, 250micrograms inhaler (beclometasone dipropionate)		For the prophylactic management of mild, moderate, or severe asthma in adults or children: - Mild asthma: Patients requiring intermittent symptomatic bronchodilator asthma medication on a regular basis - Moderate asthma: Patients with unstable or worsening asthma despite prophylactic therapy or bronchodilator alone - Severe asthma: Patients with severe chronic asthma and those who are dependent on systemic corticosteroids for adequate control of symptoms	This medicine is now withdrawn from use/discontinued	15/09/2026
clonidine 25micrograms, 100micrograms tablets, 150micrograms solution for injection		[Off label use] In adults for: - adjunctive treatment of acute pain in cases of high opioid requirement or intolerance - short-term sedation in critically ill patients when adequate sedation cannot be achieved with standard treatment - management of selected cases of acute opioid and/or alcohol withdrawal Restriction: short-term use only, on the advice of an anaesthetist, the Critical Care Team, or the Inpatient/Acute Pain Team.	Routinely available in line with local guidance	15/09/2026
depemokimab 100mg/1mL solution for injection in a pre-filled pen/syringe (Exdensur®)	2970	Add-on therapy with intranasal corticosteroids for the treatment of adult patients with severe chronic rhinosinusitis with nasal polyps (CRSwNP) for whom therapy with systemic corticosteroids and/or surgery do not provide adequate control.	Not routinely available as not recommended for use in NHS Scotland, SMC 2970 https://scottishmedicines.org.uk/media/10633/depemokimab-exdensur-non-sub-final-aug-2026-for-website.pdf	15/09/2026
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.	Routinely available in line with national guidance, SMC 2818 https://scottishmedicines.org.uk/media/10266/durvalumab-imfinzi-final-april-2026-for-website.pdf	15/09/2026

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durvalumab 50mg/mL concentrate for solution for infusion (Imfinzi®)	2880	In combination with gemcitabine and cisplatin as neoadjuvant treatment, followed by durvalumab as monotherapy adjuvant treatment after radical cystectomy, for the treatment of adults with resectable muscle invasive bladder cancer (MIBC).	Routinely available in line with national guidance, SMC 2880 https://scottishmedicines.org.uk/media/10460/durvalumab-imfinzi-final-june-2026-for-website.pdf	15/09/2026
elacestrant 86mg, 345mg film-coated tablets (Korserdu®)	2933	As monotherapy for the treatment of postmenopausal women, and men, with estrogen receptor (ER)-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1 mutation who have disease progression following at least one line of endocrine therapy including a CDK 4/6 inhibitor. SMC restriction: patients who have disease progression after receiving ≥12 months prior treatment with endocrine therapy plus a cyclin-dependent kinase (CDK) 4/6 inhibitor.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	15/09/2026
epcoritamab 4mg/0.8mL, 48mg/0.8mL solution for injection (Tepkinly®)	2881	As monotherapy for the treatment of adult patients with relapsed or refractory follicular lymphoma (FL) after two or more lines of systemic therapy.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	15/09/2026
hydrocortisone 5mg, 10mg modified release hard capsules (Efmody®)	2971	In adolescents aged 12 years and over and adults for the treatment of adrenal insufficiency (AI).	Not routinely available as not recommended for use in NHS Scotland, SMC 2971 https://scottishmedicines.org.uk/media/10636/hydrocortisone-efmody-non-sub-final-aug-2026-for-website.pdf	15/09/2026
lisocabtagene maraleucel 1.1-70 × 10 ⁶ cells/mL / 1.1-70 × 10 ⁶ cells/mL dispersion for infusion (Breyanzi®)	2972	Treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), primary mediastinal large B-cell lymphoma (PMBCL) and follicular lymphoma grade 3B (FL3B), after two or more lines of systemic therapy.	Not routinely available as not recommended for use in NHS Scotland, SMC 2972 https://scottishmedicines.org.uk/media/10637/lisocabtagene-maraleucel-breyanzi-non-sub-final-aug-2026-for-website.pdf	15/09/2026

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lorlatinib 25mg, 100mg film-coated tablets (Lorviqua®)	2867	As monotherapy for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) whose disease has progressed after prior treatment with an ALK inhibitor.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	15/09/2026
nusinersen 12mg solution for injection (Spinraza®)	2877	For the treatment of 5q Spinal Muscular Atrophy. SMC restriction: for use in patients with pre-symptomatic 5q SMA.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	15/09/2026
pembrolizumab 165mg/mL solution for injection, 25mg/mL concentrate for solution for infusion (Keytruda®)	2907	As monotherapy for the treatment of resectable locally advanced head and neck squamous cell carcinoma as neoadjuvant treatment, continued as adjuvant treatment in combination with radiation therapy with or without concomitant cisplatin and then as monotherapy in adults whose tumours express PD-L1 with a CPS≥ 1.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	15/09/2026
quizartinib 17.7mg, 26.5mg film-coated tablets (Vanflyta®)	2699	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.	Routinely available in line with national guidance, SMC 2699 https://scottishmedicines.org.uk/media/8725/quizartinib-vanflyta-final-oct-2024-for-website.pdf	15/09/2026
seladelpar 10mg capsules (Livdelzi®)	2946	For the treatment of primary biliary cholangitis (PBC), including pruritus, in adults in combination with ursodeoxycholic acid (UDCA) who have an inadequate response to UDCA alone, or as monotherapy in those unable to tolerate UDCA.	Not routinely available as the ADTC is waiting for further advice from local clinical experts	15/09/2026
Soprobec® 50micrograms, 100micrograms, 200micrograms, 250micrograms inhaler (beclometasone dipropionate)		For the maintenance treatment of asthma, when the use of pressurised metered dose inhaler is appropriate.	Routinely available in line with local guidance	15/09/2026

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sotatercept 45mg, 60mg powder and solvent for solution for injection (Winrevair®)	2973	In combination with other pulmonary arterial hypertension (PAH) therapies for the treatment of PAH in adult patients with WHO Functional Class (FC) IV.	Not routinely available as not recommended for use in NHS Scotland, SMC 2973 https://scottishmedicines.org.uk/media/10642/sotatercept-winrevair-non-sub-final-aug-2026-for-website.pdf	15/09/2026
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.	Routinely available in line with national guidance, SMC 2863 https://scottishmedicines.org.uk/media/10360/talquetamab-talvey-final-may-2026-for-website.pdf	15/09/2026
toripalimab 240mg/6mL concentrate for solution for infusion (Loqtorzi®)	2974	In combination with cisplatin and paclitaxel for the first-line treatment of adult patients with unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma.	Not routinely available as not recommended for use in NHS Scotland, SMC 2974 https://scottishmedicines.org.uk/media/10643/toripalimab-loqtorzi-non-sub-final-aug-2026-for-website.pdf	15/09/2026