

# NHS Greater Glasgow and Clyde: New Medicines Decisions

In Scotland, a newly licensed medicine is routinely available in a health board only after it has been:

- accepted for use in NHSScotland 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 NHS Greater Glasgow and Clyde (NHSGG&C) because of available services and preferences.

'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 Greater Glasgow and Clyde ADTC is responsible for advising the NHSGG&C health board on all aspects of the use of medicines.

Medicines routinely available within NHSGG&C are usually included in the GGC Formulary. The Formulary is a list of medicines for use in the health board that has been agreed by ADTC in consultation with healthcare professionals to prescribe for common medical conditions. The GGC Formulary can help improve safety as prescribers are likely to become more familiar with the medicines included. Medicines included are consistent across the health board.

## How does NHSGG&C decide which new medicines to make routinely available for patients?

The ADTC in NHSGG&C 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
  - 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 (NICE) 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 NHSGG&C.

### Why is a particular medicine not routinely available in NHSGG&C?

- This is usually because the medicine is not recommended for use in NHSScotland 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 in 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 advise on preferred medicines to their formulary and advise the ADTC. Sometimes it is agreed that established medicines are a better choice than new medicines.

Medicine	Condition being treated	NHSGGC Decision	Date of decision
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<b>Fenfluramine</b>	For the treatment of seizures associated with Dravet syndrome as an add-on to other anti-epileptic medicines for patients 2 years of age and older.	Routinely available in line with local or regional guidance	09/10/2023
Fintepla			
SMC2569			
<b>Atogepant</b>	For the prophylaxis of migraine in adults who have at least 4 migraine days per month.	Routinely available in line with local or regional guidance	09/10/2023
Aiqupta®)			
SMC2599			
<b>Belzutifan</b>	Treatment of adult patients with von Hippel-Lindau (VHL) disease who require therapy for VHL associated renal cell carcinoma (RCC), central nervous system (CNS) hemangioblastomas, or pancreatic neuroendocrine tumours (pNET), and for whom localised procedures are unsuitable or undesirable.	Routinely available in line with local or regional guidance	09/10/2023
Welireg®			
SMC2587			
<b>Crizotinib</b>	As monotherapy for the treatment of paediatric patients (age ≥6 to <18 years) with: - relapsed or refractory systemic anaplastic lymphoma kinase (ALK) positive anaplastic large cell lymphoma (ALCL) - recurrent or refractory anaplastic lymphoma kinase (ALK) positive unresectable inflammatory myofibroblastic tumour (IMT).	Not routinely available as not recommended for use in NHSScotland	09/10/2023
Xalkori®			
SMC2621			

Medicine	Condition being treated	NHSGGC Decision	Date of decision
<p><b>Daratumumab</b></p> <p>Darzalex®</p> <p>SMC2536</p>	<p>In combination with lenalidomide and dexamethasone for the treatment of adult patients with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplant (ASCT).</p>	<p>Routinely available in line with local or regional guidance</p>	<p>09/10/2023</p>
<p><b>Darolutamide</b></p> <p>Nubeqa®</p> <p>SMC2604</p>	<p>Treatment of adults with metastatic hormone-sensitive prostate cancer (mHSPC) in combination with docetaxel.</p>	<p>Routinely available in line with local or regional guidance</p>	<p>09/10/2023</p>
<p><b>Eladocagene exuparvovec</b></p> <p>Upstaza®</p> <p>SMC2586</p>	<p>Treatment of patients aged 18 months and older with a clinical, molecular, and genetically confirmed diagnosis of aromatic L-amino acid decarboxylase (AADC) deficiency with a severe phenotype.</p>		<p>09/10/2023</p>
<p><b>Ibrutinib</b></p> <p>Imbruvica®</p> <p>SMC2543</p>	<p>In combination with venetoclax for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia (CLL).</p>	<p>Routinely available in line with local or regional guidance</p>	<p>09/10/2023</p>

Medicine	Condition being treated	NHSGGC Decision	Date of decision
<b>Lutetium (177Lu) vipivotide tetraxetan</b>  Pluvicto®  SMC2517	Treatment of adult patients with prostate specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer (mCRPC) who have been treated with androgen receptor (AR) pathway inhibition and taxane-based chemotherapy or who are not medically suitable for taxanes.	Not routinely available as not recommended for use in NHSScotland	09/10/2023
<b>Maribavir</b>  Livtency®  SMC2576	Treatment of cytomegalovirus (CMV) infection and/or disease that are refractory (with or without resistance) to one or more prior therapies, including ganciclovir, valganciclovir, cidofovir or foscarnet in adult patients who have undergone a haematopoietic stem cell transplant (HSCT) or solid organ transplant (SOT).	Routinely available in line with local or regional guidance	09/10/2023
<b>Mosunetuzumab</b>  Lunsumio®  SMC2542	Monotherapy for the treatment of adult patients with relapsed or refractory follicular lymphoma (FL) who have received at least two prior systemic therapies.	Not routinely available as not recommended for use in NHSScotland	09/10/2023
<b>Nivolumab</b>  Opdivo®  SMC2620	In combination with ipilimumab for the first-line treatment of adult patients with unresectable advanced, recurrent or metastatic oesophageal squamous cell carcinoma with tumour cell programmed death ligand (PD-L1) expression $\geq 1\%$	Not routinely available as not recommended for use in NHSScotland	09/10/2023

Medicine	Condition being treated	NHSGGC Decision	Date of decision
<b>Olaparib</b>  Lynparza SMC2518	As monotherapy or in combination with endocrine therapy for the adjuvant treatment of adult patients with germline BRCA1/2-mutations who have human epidermal growth factor receptor 2 (HER2)-negative, high risk early breast cancer previously treated with neoadjuvant or adjuvant chemotherapy.	Routinely available in line with local or regional guidance	09/10/2023
<b>Olipudase alfa</b>  Xenpozyme® SMC2560	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		09/10/2023
<b>Regorafenib</b>  SMC2562	Monotherapy for the treatment of adult patients 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 local or regional guidance	09/10/2023
<b>Rimegepant</b>  Vydura® SMC2603	Preventive treatment of episodic migraine in adults who have at least four migraine attacks per month	Routinely available in line with local or regional guidance	09/10/2023

Medicine	Condition being treated	NHSGGC Decision	Date of decision
<b>Semaglutide</b>  Wegovy SMC2497	An adjunct to a reduced-calorie diet and increased physical activity for weight management, including weight loss and weight maintenance, in adults with an initial Body Mass Index (BMI) of <ul style="list-style-type: none"> <li>• ≥30kg/m<sup>2</sup> (obesity), or</li> <li>• ≥27kg/m<sup>2</sup> to &lt;30kg/m<sup>2</sup> (overweight) in the presence of at least one weight-related comorbidity.</li> </ul>	Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:	09/10/2023
<b>Voclosporin</b>  Lupkynis® SMC2570	In combination with mycophenolate mofetil for the treatment of adult patients with active class III, IV or V (including mixed class III/V and IV/V) lupus nephritis.	Routinely available in line with local or regional guidance	09/10/2023
<b>Vutrisiran</b>  Amvuttra® SMC2596	Treatment of hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis) in adult patients with stage 1 or stage 2 polyneuropathy.	Routinely available in line with local or regional guidance	09/10/2023
<b>Zanubrutinib</b>  Brukinsa® SMC2600	As monotherapy for the treatment of adult patients with chronic lymphocytic leukaemia (CLL)	Routinely available in line with local or regional guidance	09/10/2023