

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 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 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 local clinical experts. It offers a choice of medicines for 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 in it and also helps make sure that standards of care 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, 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 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 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 NHSGG&C?

- If a medicine is not routinely available and included in the GGC 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. NHSGG&C and 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 Greater Glasgow and Clyde's decisions on new medicines.

If you need more information on medicines decisions in NHS Greater Glasgow and Clyde, please email ggc.medicines@ggc.scot.nhs.uk

Medicine	Condition being treated	NHSGGC Decision	Date of decision
Abatacept injection Orencia® 1230/17	Treatment of highly active and progressive disease in adult patients with rheumatoid arthritis not previously treated with methotrexate.	Not routinely available as not recommended for use in NHSScotland	24/04/2017
Daclizumab pre-filled syringe or pen Zinbryta® 1216/17	In adult patients for the treatment of relapsing forms of multiple sclerosis.	Routinely available in line with national guidance	24/04/2017
Emtricitabine/tenofovir disoproxil tablets Truvada® 1225/17	In combination with safer sex practices for pre-exposure prophylaxis to reduce the risk of sexually acquired HIV-1 infection in adults at high risk.	Routinely available in line with national guidance	24/04/2017
Ibrutinib capsules Imbruvica® 1151/16	Treatment of adult patients with chronic lymphocytic leukaemia (CLL) who have received at least one prior therapy.	Routinely available in line with local or regional guidance	24/04/2017

Medicine	Condition being treated	NHSGGC Decision	Date of decision
Insulin aspart injection Fiasp® 1227/17	Treatment of diabetes mellitus in adults.	Routinely available in line with national guidance	24/04/2017
Ixekizumab injection Taltz® 1223/17	Moderate to severe plaque psoriasis in adults who are candidates for systemic therapy.	Routinely available in line with national guidance	24/04/2017
Lacosamide tablets, infusion, syrup Vimpat® 1231/17	As monotherapy in the treatment of partial-onset seizures with or without secondary generalisation in adult and adolescent (16-18 years) patients with epilepsy.	Not routinely available as not recommended for use in NHSScotland	24/04/2017
Liposomal Irinotecan infusion Onivyde® 1217/17	Treatment of metastatic adenocarcinoma of the pancreas, in combination with fluorouracil(5-FU) and leucovorin (folinic acid), in adult patients who have progressed following gemcitabine based therapy.	Not routinely available as not recommended for use in NHSScotland	24/04/2017

Medicine	Condition being treated	NHSGGC Decision	Date of decision
Nepafenac eye drops Nevanac® 1228/17	Reduction in the risk of postoperative macular oedema associated with cataract surgery in diabetic patients	Routinely available in line with national guidance	24/04/2017
Obinutuzumab infusion Gazyvaro® 1219/17`	Obinutuzumab in combination with bendamustine followed by obinutuzumab maintenance is indicated for the treatment of patients with follicular lymphoma who did not respond or who progressed during or up to six months after treatment with rituximab or a rituximab-containing regimen.	Routinely available in line with local or regional guidance	24/04/2017
Ofatumumab infusion Arzerra® 1237/17	Treatment of adult patients with relapsed CLL in combination with fludarabine and cyclophosphamide.	Not routinely available as not recommended for use in NHSScotland	24/04/2017
Tenofovir alafenamide tablets Vemlidy® 1238/17	Treatment of chronic hepatitis B in adults and adolescents (aged 12 years and older with body weight at least 35 kg).	Not routinely available as not recommended for use in NHSScotland	24/04/2017

Medicine	Condition being treated	NHSGGC Decision	Date of decision
Ticagrelor tablets Brilique® 1224/17	Co-administered with acetylsalicylic acid for the prevention of atherothrombotic events in adult patients with a history of myocardial infarction and a high risk of developing an atherothrombotic event.	Not routinely available as not recommended for use in NHSScotland	24/04/2017
Trastuzumab emtansine infusion Kadcyla ® 990/14	As a single agent, for the treatment of adult patients with human epidermal growth factor type 2 (HER2)-positive, unresectable locally advanced or metastatic breast cancer who previously received trastuzumab and a taxane, separately or in combination. Patients should have either received prior therapy for locally advanced or metastatic disease, or developed disease recurrence during or within six months of completing adjuvant therapy.	Routinely available in line with local or regional guidance	24/04/2017