

Cabinet Secretary for Health, Wellbeing and Sport  
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Mr Duncan McNeil MSP  
Convener  
Health and Sport Committee

By Email.

18 March 2016

*Dear Duncan,*

Thank you for your letter of 9 March 2016 about the Committee's most recent work on access to new medicines.

I will take this opportunity to formally record my thanks to the Committee for the work they have done on this issue in this current Parliamentary session. It is I think an example of where the Government and the Scottish Parliament, with input from stakeholders, have worked to make real progress that has already improved the lives of hundreds of families across Scotland.

I am happy to confirm that all of the issues raised in your letter in relation to access to new medicines will be taken into account as part of our on-going work in this area. I have also included as an annex to this letter some information on the New Medicines Fund.

Turning to your point about whether the approach taken to appraising the value of medicines should be applied more widely across the health service, the Scottish Government are always looking to learn and draw from best practice and experience. We will give further consideration to the points you make following the current independent review.

I hope you find this helpful.

*Best wishes,*

*Shona*

**SHONA ROBISON**

## **ANNEX A – NEW MEDICINES FUND**

The Scottish Government's preference had been to be publish information on patient numbers (linked to individual patient treatment requests) and individual drugs however under the Freedom of Information (Scotland) Act 2002 the information noted below is being published. This means that to protect any risks to commercial in confidence information, patient numbers and further details will not be published. The information below shows the drugs for which NHS Boards have required the most support through the Rare Conditions Medicines Fund and New Medicines Fund. It is worth reiterating that there is no set list of drugs for the New Medicines Fund and the approach to the Fund to date has been that it supports clinical decisions on prescribing for orphan, ultra-orphan and end of life drugs related to the policy changes.

1 March 2013 to 31 March 2014 (Rare Conditions Medicines Fund)

Ivacaftor £18.6m

Eculizumab £660k

Pomalidomide £455k

Brentuximab £420k

Ruxolitinib £397k

Abiraterone £201k

Dasatinib £158k

Vismodegib £123k

Bevacizumab £110k

Cetuximab £91k

1 April 2014 to 31 March 2015 (New Medicines Fund)

Eculizumab £1.98m

Ivacaftor £1.5m

Cetuximab £1.307m

Abiraterone £1.173m

Pomalidomide £1.094m

Ruxolitinib £973k

Bevacizumab £840k

Brentuximab £844k

Ipilimumab £754k

Vismodegib £490k